

**Volenski, Dina**

022819 Emma3

**From:** Cantelme. Steve <cantelmes@sacoes.org>  
**Sent:** Thursday, February 28, 2019 10:31 AM  
**To:** 'cdunsmoor@buttecounty.net'  
**Cc:** Cantelme. Steve  
**Subject:** FW: City of Sacramento Reimbursement Docs for Town of Paradise for Camp Fire 2018  
**Attachments:** 20190227193422456.pdf; EMMA Forms for Allison Nielson.pdf; 20190214110921233.pdf; 20190211122024271.pdf; Daniel Bowers.vcf; Calyn Jones 3551.pdf; Clinton Ramirez 3551.pdf; Ken Douglas 3551.pdf; Leese Johnson 3551.pdf; Marek Sliwa 3551.pdf; Naomi McCall 3551.pdf; Allison Nielson 3551.pdf

I forgot to add the Emma Requests Form 1 that I have to this email so here they are.

**From:** Cantelme. Steve  
**Sent:** Thursday, February 28, 2019 10:10 AM  
**To:** 'cdunsmoor@buttecounty.net' <cdunsmoor@buttecounty.net>  
**Cc:** Stephen Cantelme (cantelmes@sacoes.org) <cantelmes@sacoes.org>  
**Subject:** City of Sacramento Reimbursement Docs for Town of Paradise for Camp Fire 2018

Hi Cindi,

Attached are the reimbursement documentation provided by the City of Sacramento for their animal control officers deployed to Butte County for the Camp Fire. The point of contact for the City of Sacramento for any questions or needs you might have for their deployment is Daniel Bowers and his contact information is below.

**Daniel Bowers**  
City of Sacramento  
OES Director

916-808-1833 Work  
+1 (530) 941-0944 Mobile  
DBowers@cityofsacramento.org

Thank you,

Steve

Stephen Cantelme  
Chief  
Sacramento OES  
(916) 806-6596  
[cantelmes@sacoes.org](mailto:cantelmes@sacoes.org)

**SACRAMENTO**  
COUNTY

## ACTIVITY LOG (ICS 214)

[illegible]

DEPARTMENT OF HOMELAND SECURITY  
FEDERAL EMERGENCY MANAGEMENT AGENCY  
**FORCE ACCOUNT LABOR SUMMARY RECORD**

O.M.B. No. 1660-0017  
Expires December 31, 2011

PAGE 1 OF 3

APPLICANT City of Sacramento PAID NO. 14773 PROJECT NO. 11/24/18 to 12/12/18

LOCATION/SITE Richtrac Field Series DISASTER Camp Fire

DESCRIPTION OF WORK PERFORMED Manage Field Service Drops, SIPS, EVACS PERIOD COVERING 11/24/18 to 12/12/18

NAME	DATE	DATES AND HOURS WORKED EACH WEEK							COSTS			
		11/24	11/26	11/27	11/28	11/29	11/30	12/1	TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR	TOTAL HOURLY RATE
JACE HUGGINS	REG.	8	8	8	8	8	8	8	56	~53.00	112.80	4225.1
CHIEF ACO	O.T.											4235.00
	REG.											
	O.T.											
	REG.											
	O.T.											
	REG.											
	O.T.											
	REG.											
	O.T.											

TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME \$ 4235.00

TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME \$

I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED Jace Huggins TITLE CHIEF ACO DATE 2-27-19



2015

[illegible][illegible]

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1

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1

TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME

CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

2-27-19

small to fall

## EMMA FORM 4 - EXIT SURVEY

### EMMA System Evaluation

The information collected in this survey will be used during the after action review process to identify opportunities to strengthen the overall EMMA Plan. Please complete this form and return it to your requesting EMMA Coordinator and leave a copy with your assignment supervisor prior to departure.

#### Assignment Information:

Incident Name:

Assignment Location (EOC, Command Post, Field, etc.):

Position/Task:

Shift (Day / Night):

Assignment Dates:

Number of Shifts (In days, do not include travel):

#### A. Mobilization Process:

- |                       |                                    |                               |  |
|-----------------------|------------------------------------|-------------------------------|--|
| • Alert Notification  | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input checked="" type="checkbox"/> Poor |
| • Recruitment         | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Poor            |
| • Assignment Briefing | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input checked="" type="checkbox"/> Poor |

• Comments (Attach an additional page if necessary):

Poorly org. & Shared

#### B. Assignment Support:

- |                          |                                    |                               |  |                              |
|--------------------------|------------------------------------|-------------------------------|--|------------------------------|
| • Travel Arrangements    | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input checked="" type="checkbox"/> Poor |                              |
| • EOC In-processing      | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input checked="" type="checkbox"/> Poor |                              |
| • Deployment Support Kit | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input checked="" type="checkbox"/> Poor | <input type="checkbox"/> N/A |
| • SOPs/Forms             | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input checked="" type="checkbox"/> Poor |                              |

• Comments (Attach an additional page if necessary):

There were no Arrangements or in-processing - or support kit - or SOPs

#### C. Demobilization Process:

- |                                  |                                    |                               |  |
|----------------------------------|------------------------------------|-------------------------------|--|
| • EOC Out-processing             | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input checked="" type="checkbox"/> Poor |
| • Personal Expense Reimbursement | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Poor N/A        |
| • Post-Assignment Debriefing     | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input checked="" type="checkbox"/> Poor |
| • Overall Experience             | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Poor            |

• Comments (Attach an additional page if necessary):

No true instructions.

#### D. General Comments/Suggestions

Considering this is the third time I have had to fill out paperwork, I'd say organization suffered.

Poor comms throughout event

DEPARTMENT OF HOMELAND SECURITY  
FEDERAL EMERGENCY MANAGEMENT AGENCY  
**FORCE ACCOUNT EQUIPMENT SUMMARY RECORD**

O.M.B. No. 1660-0017  
Expires April 30, 2013

APPLICANT

City of Sacramento

PA ID NO.

PROJECT NO.

DISASTER

CAMP FIRE

LOCATION/SITE

Richer

CATEGORY

PERIOD COVERING

11/18 - 12/14

DESCRIPTION OF WORK PERFORMED

Animal Control trucks Doing field work for SIPS & EVACS

**TYPE OF EQUIPMENT**

INDICATE SIZE, CAPACITY, HOURSEPOWER, MAKE AND MODEL AS APPROPRIATE

EQUIPMENT CODE NUMBER

OPERATOR'S NAME

DATES AND HOURS USED EACH DAY

COSTS

TOTAL COST

EQUIPMENT RATE

TOTAL HOURS

Ford F250 A/C Truck 11670

J. Higgins / J. Somers

HOURS

10

10

10

10

10

70

Ford F250 A/C Truck 11987

K. Douglas

HOURS

10

10

10

10

50

Ford F250 A/C Truck 11469

M. Slina / J. Somers

HOURS

10

10

10

10

60

Ford F250 A/C Truck 11470

J. Reynaga

HOURS

10

10

10

10

10

Ford F250 A/C Truck 11671

S. COLAN / M. Slina

HOURS

10

10

10

10

50

HOURS

HOURS

HOURS

GRAND TOTAL

I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED

JACE HUGGINS

TITLE

CHIEF ANIMAL CONTROL

DATE

2.27.19

Other

## ACTIVITY LOG (ICS 214)

1. Incident Name: <b>Camp Fire</b>		2. Operational Period: <b>10/21, 11/23</b>		Date From: <b>10/21, 11/23</b> Date To: <b>11/21 + 11/23</b>	
3. Name: <b>Julian Reymaga</b>		4. ICS Position: <b>Animal Control officer</b>		5. Home Agency (and Unit): <b>City of Sacramento Animal Control</b>	
6. Resources Assigned:					
Name		ICS Position		Home Agency (and Unit)	
7. Activity Log:					
Date/Time		Notable Activities			
		Responded to Field services requests for evacuation or shelter in place of Animals. All info was filled out on dates of service, so precise times and Resources assigned are no longer available.			
11/21/18		SAME			
11/23/18		800 Richter Briefing 900 get assignments ↓ Handle calls 1700 in to Richter for De briefing complete notes 2000 return home			
8. Prepared by: Name: <b>C. Fensch</b> Position/Title: <b>Sr. Animal Control Officer</b> Signature: <i>[Signature]</i>					
ICS 214, Page 1		Date/Time: <b>2/27/19</b>			



## EMMA FORM 5 - INDIVIDUAL DEMOBILIZATION CHECKOUT

1. Incident Name/Number <b>CAMP FIRE</b>		2. Date/Time (Of Release Notification) <b>11/23/18 2000</b>	3. Arrival Date/Time <b>11/21/18 0700</b>
4. Name of Released <b>Julian Reyes</b>		5. Position of Released <b>Animal Control Officer</b>	
(Returning via Airline Name & Flight Number, POV...)			
6. Transportation Type <b>W/A</b>			
7. Actual Release Date/Time		8. MRT # (RIMS Mission Tasking Number)	
9. Destination (Location Agreed Upon)		10. Notified: Agency { } Region { } Area { } Dispatch { } (check one, list information below) Name: Time: Date:	
11. Cell Phone or Emergency Contact #			
12. EMMA Coordinator Name (Providing Jurisdiction) <b>Sac OES / Cindy Machado</b>			
13. Unit/Personnel			
You have been released subject to sign off from the following: (Demobilization Unit Leader check the appropriate box)			
Logistics Section		Comment and Sign Off	
<input type="checkbox"/> EMMA Coordinator	EMMA Form 3 - Voluntary Performance Rating Copy Provided? Y N		
<input type="checkbox"/> Supply Unit	EMMA Form 4 - Exit Survey Provided? Y N		
<input type="checkbox"/> Communications Unit			
<input type="checkbox"/> Facilities Unit			
<input checked="" type="checkbox"/> Ground Support Unit	<b>field support ICS</b>		
Plans/Intel Section		Comment and Sign Off	
<input type="checkbox"/> Documentation Unit			
Finance/Admin Section		Comment and Sign Off	
<input type="checkbox"/> Time Unit			
Other		Comment and Sign Off	
<input type="checkbox"/>			
<input type="checkbox"/>			
14. Remarks  <b>No one was actually doing Demob paperwork</b>			
15. Prepared by (Include Date and Time) <b>J. Huggins 2-27</b>			

**EMMA FORM 1- RESOURCE REQUEST  
& ASSIGNMENT**

(Rev. 2/27/13)

Part A of this form must be attached to a RIMS Mission Request when the request is submitted. Part B must be attached to the RIMS Mission Request when an EMMA resource has been selected for assignment. The RIMS Mission Request may only be approved and a Mission # made available after Parts A and B are completed and attached.

**Request #:** (Generated by Requesting Jurisdiction to match Parts A and B.)

*Animal Field Service*

**Incident Name:** *camp fire*

**Request Date / Time:** *multiple*

**Approved RIMS Mission #:**  
(May only be generated after EMMA resource has been selected for assignment.)

**PART B (To be completed by Providing Jurisdiction)**

**Providing Jurisdiction Name:** *City of SACRAMENTO*

**24 Hour Phone Number:** *(916) 599-5377*

**EMMA Coordinator / PRIMARY Point of Contact Name:** *JACE HUGGINS*

**Position / Title:** *CHIEF ANIMAL CONTROL OFFICER* **Phone:** *(916) 599-5377*

**Alt Phone:** ( ) - ( )

**Fax:** ( ) - **E-Mail:** *Jhuggins@cityofsacramento.org*

**Alternate Point of Contact (Optional):**

**Position / Title:**

**Phone:** ( ) - ( )

**Alt Phone:** ( ) - ( )

**Fax:** ( ) - **E-Mail:**

**Providing Jurisdiction Authorization:** (The following signature of an authorized official of the Providing Jurisdiction indicates the Providing Jurisdiction has made a good-faith effort to ensure the potential EMMA resource(s) listed on this form is qualified to fulfill the corresponding request and is available for deployment. It is understood that this form does not constitute a contract with the Requesting Jurisdiction. Mutual aid extended under the EMMA Plan shall be without reimbursement unless otherwise expressly provided for in a separate pre/post-event agreement between the Requesting and Providing Jurisdictions. Such an agreement does not guarantee state or federal reimbursement.)

*JACE HUGGINS CHIEF ANIMAL CONTROL OFFICER*  
Print Name and Title

*[Signature]*  
Signature

**Potential EMMA Resource Information:**

☒ (For Requesting Jurisdiction only: Check this box to select EMMA resource for assignment.)

**Name:** *Julian Reynaga*

**Cell Phone:**

**Alt Phone:** *(916) 599-5377*

**Email:** *Jreynaga@cityofsacramento.org*

**Available for the period specified above?**

☒ Yes ☐ No

**Able to perform the tasks described above?**

☒ Yes ☐ No

**Security Clearance (if applicable)?**

☒ Yes ☐ No

**Equipment needed for deployment as specified above is available?**

☒ Yes ☐ No

**Has been made aware of the expected working conditions?**

☒ Yes ☐ No

**Experience / EOC Position Credentials:**

*Current ACO w/ equipment & training*

**Special Skills / Certifications / Licenses:**

**Emergency Contact Name:**

**Relationship:**

**Cell Phone:**

**Alt Phone:**

**Additional Comments:**

# City of SACRAMENTO

Time Reported by Date by EmplID or Dept  
From 11/21/2018 to 12/14/2018  
From Department 21001011 to Department 21001441  
TRC - % and EmplID - 0006808

Sacpy07

DeptID	EmplID	Name	Date	TRC	Hours	Rate	Amount
21001421	0006808	Reynaga, Julian Armando	11/22/2018	HOL	0.00	30.02	0.00
21001421	0006808	Reynaga, Julian Armando	11/23/2018	HYE	8.00	30.02	240.13
21001421	0006808	Reynaga, Julian Armando	11/25/2018	OVT	2.00	30.02	60.03
21001421	0006808	Reynaga, Julian Armando	11/29/2018	OVT	4.00	30.02	120.07
21001421	0006808	Reynaga, Julian Armando	11/21/2018	REG	8.00	30.02	240.13
21001421	0006808	Reynaga, Julian Armando	11/26/2018	REG	8.00	30.02	240.13
21001421	0006808	Reynaga, Julian Armando	11/27/2018	REG	8.00	30.02	240.13
21001421	0006808	Reynaga, Julian Armando	11/28/2018	REG	8.00	30.02	240.13
21001421	0006808	Reynaga, Julian Armando	12/2/2018	REG	8.00	30.02	240.13
21001421	0006808	Reynaga, Julian Armando	12/3/2018	REG	8.00	30.02	240.13
21001421	0006808	Reynaga, Julian Armando	12/4/2018	REG	8.00	30.02	240.13
21001421	0006808	Reynaga, Julian Armando	12/5/2018	REG	8.00	30.02	240.13
21001421	0006808	Reynaga, Julian Armando	12/9/2018	REG	8.00	30.02	240.13
21001421	0006808	Reynaga, Julian Armando	12/10/2018	REG	8.00	30.02	240.13
21001421	0006808	Reynaga, Julian Armando	12/11/2018	REG	8.00	30.02	240.13
21001421	0006808	Reynaga, Julian Armando	12/12/2018	REG	8.00	30.02	240.13
Totals for Reynaga, Julian Armando					165.00		3,301.79
Totals for Department - Animal Enforcement/Field Ser					165.00		3,301.79

OVT Rate Shareabe 1.5x

DEPARTMENT OF HOMELAND SECURITY  
FEDERAL EMERGENCY MANAGEMENT AGENCY  
**FORCE ACCOUNT LABOR SUMMARY RECORD**

O.M.B. No. 1660-0017  
Expires December 31, 2011

PAGE \_\_\_\_\_ OF \_\_\_\_\_

APPLICANT <u>Sacramento City Animal Control</u>	PA ID NO.	PROJECT NO.	DISASTER <u>Camp Fire</u>
LOCATION/SITE <u>Paradise, CA / Butte County</u>		CATEGORY	PERIOD COVERING <u>11/18/18 - 12/18/18</u>
DESCRIPTION OF WORK PERFORMED			

Reported to town of Paradise for field services. Information was filed at in greater detail and submitted to NVADG at that time. Specific start/end times are no longer available.

NAME	JOB TITLE	DATES AND HOURS WORKED EACH WEEK							COSTS		
		DATE	11/21	11/23					TOTAL HOURS	HOURLY RATE	TOTAL COSTS
NAME <u>William Reppner</u>		REG.									
JOB TITLE <u>Animal Control Officer II</u>		O.T.	11.5	10					21.5	45.03	968.15
NAME		REG.									
JOB TITLE		D.T.									
NAME		REG.									
JOB TITLE		D.T.									
NAME		REG.									
JOB TITLE		O.T.									
TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME											\$
TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME											\$968.15

I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED <u>Calvin Frush</u>	TITLE <u>Sr. Animal Control Officer</u>	DATE <u>2/27/19</u>
----------------------------------	--	------------------------

## ACTIVITY LOG (ICS 214)

1. Incident Name: Campfire		2. Operational Period:		Date From: 11/23 Time From: HHMM	Date To: 11/26 Time To: HHMM
3. Name: Ken Dargatzis		4. ICS Position: Animal Control Field Service		5. Home Agency (and Unit): City of Sacramento	
6. Resources Assigned:					
Name		ICS Position		Home Agency (and Unit)	
7. Activity Log:					
Date/Time		Notable Activities			
		12 hrs a day. Responded to field service requests for evacuation or shelter in place of animals. all information was filled out at time of service so exact times are not available.			
11/23/18 to 11/26/18		Same all days			
		0800 Briefing @ Richter			
		0900 Get SIPS & assignments			
		↓ Handle field calls			
		1700 into Richter for Debrief			
		1900 Return to Camp			
8. Prepared by: Name: Caryn Ensch Position/Title: Sr. Animal Signature: [Signature]					
ICS 214, Page 1		Date/Time: Date			

## EMMA FORM 5 - INDIVIDUAL DEMOBILIZATION CHECKOUT

1. Incident Name/Number <b>CAMP FIRE</b>		2. Date/Time (Of Release Notification) <b>11/26/18 2000hrs</b>	3. Arrival Date/Time <b>11/23/18 7AM</b>
4. Name of Released <b>Ken Douglas</b>		5. Position of Released <b>Animal Control Officer</b>	
(Returning via Airline Name & Flight Number, POV...)			
6. Transportation Type <b>N/A</b>			
7. Actual Release Date/Time		8. MRT # (RIMS Mission Tasking Number)	
9. Destination (Location Agreed Upon)  <b>/</b>		10. Notified: Agency { } Region { } Area { } Dispatch { } (check one, list information below) Name:  Time:  Date:	
11. Cell Phone or Emergency Contact #			
12. EMMA Coordinator Name (Providing Jurisdiction) <b>SAC OES / Cindy MacLachlan</b>			
13. Unit/Personnel			
You have been released subject to sign off from the following: (Demobilization Unit Leader check the appropriate box)			
Logistics Section		Comment and Sign Off	
<input type="checkbox"/> EMMA Coordinator	EMMA Form 3 - Voluntary Performance Rating Copy Provided? Y · N		
<input type="checkbox"/> Supply Unit	EMMA Form 4 - Exit Survey Provided? Y N		
<input type="checkbox"/> Communications Unit			
<input type="checkbox"/> Facilities Unit			
<input checked="" type="checkbox"/> Ground Support Unit	<b>Field support ICS</b>		
Plans/Intel Section		Comment and Sign Off	
<input type="checkbox"/> Documentation Unit			
Finance/Admin Section		Comment and Sign Off	
<input type="checkbox"/> Time Unit			
Other		Comment and Sign Off	
<input type="checkbox"/>			
<input type="checkbox"/>			
14. Remarks  <b>No one was actually doing Demob paperwork</b>			
15. Prepared by (include Date and Time) <b>J. Huggins 2-27</b>			

**EMMA FORM 1- RESOURCE REQUEST  
& ASSIGNMENT**

(Rev. 2/27/13)

Part A of this form must be attached to a RIMS Mission Request when the request is submitted. Part B must be attached to the RIMS Mission Request when an EMMA resource has been selected for assignment. The RIMS Mission Request may only be approved and a Mission # made available after Parts A and B are completed and attached.

Request #: (Generated by Requesting Jurisdiction to match Parts A and B.)

*Animal Field Services*

Incident Name: *Camp fire*

Request Date / Time: *mult.*

Approved RIMS Mission #: (May only be generated after EMMA resource has been selected for assignment.)

**PART B (To be completed by Providing Jurisdiction)**

Providing Jurisdiction Name: *City of Sacramento*

24 Hour Phone Number: *(916) 599-5577*

EMMA Coordinator / PRIMARY Point of Contact Name: *JACE HUGGINS*

Position / Title: *CHIEF ANIMAL CONTROL OFFICER* Phone: *(916) 599-5577*

Alt Phone: ( ) - ( )

Fax: ( ) - E-Mail: *Jhuggins@cityofsacramento.org*

Alternate Point of Contact (Optional):

Position / Title:

Phone: ( ) - ( )

Alt Phone: ( ) - ( )

Fax: ( ) - E-Mail:

**Providing Jurisdiction Authorization:** (The following signature of an authorized official of the Providing Jurisdiction indicates the Providing Jurisdiction has made a good-faith effort to ensure the potential EMMA resource(s) listed on this form is qualified to fulfill the corresponding request and is available for deployment. It is understood that this form does not constitute a contract with the Requesting Jurisdiction. Mutual aid extended under the EMMA Plan shall be without reimbursement unless otherwise expressly provided for in a separate pre/post-event agreement between the Requesting and Providing Jurisdictions. Such an agreement does not guarantee state or federal reimbursement.)

*JACE HUGGINS CHIEF ANIMAL CONTROL OFFICER*

Print Name and Title

Signature

**Potential EMMA Resource Information:**

☒ (For Requesting Jurisdiction only: Check this box to select EMMA resource for assignment.)

Name: *Ken Douglas*

Cell Phone:

Alt Phone: *(916) 599-5577*

Email: *kdouglas@cityofsacramento.org*

Available for the period specified above?

☒ Yes ☐ No

Able to perform the tasks described above?

☒ Yes

☐ No

Security Clearance (if applicable)?

☒ Yes

☐ No

Equipment needed for deployment as specified above is available?

☒ Yes

☐ No

Has been made aware of the expected working conditions?

☒ Yes

☐ No

Experience / EOC Position Credentials:

*Current ACO w/ equipment & training*

Special Skills / Certifications / Licenses:

*P.O.S.T.*

Emergency Contact Name:

Relationship:

Cell Phone:

Alt Phone:

Additional Comments:

# City of SACRAMENTO

Time Reported by Date by EmplID or Dept  
From 11/21/2018 to 12/14/2018  
From Department 21001011 to Department 21001441  
TRC - % and EmplID - 0001708

Sacpy07

DeptID	EmplID	Name	Date	TRC	Hours	Rate	Amount
21001421	0001708	Douglas, Kenneth G	11/21/2018	CTO	1.00	30.02	30.02
21001421	0001708	Douglas, Kenneth G	12/10/2018	CTO	2.00	30.02	60.03
21001421	0001708	Douglas, Kenneth G	12/14/2018	CTO	2.50	30.02	75.04
21001421	0001708	Douglas, Kenneth G	11/22/2018	HOL	8.00	30.02	240.13
21001421	0001708	Douglas, Kenneth G	11/23/2018	HOL	8.00	30.02	240.13
21001421	0001708	Douglas, Kenneth G	11/28/2018	IOD	8.00	30.02	240.13
21001421	0001708	Douglas, Kenneth G	11/29/2018	IOD	8.00	30.02	240.13
21001421	0001708	Douglas, Kenneth G	11/30/2018	IOD	8.00	30.02	240.13
21001421	0001708	Douglas, Kenneth G	12/3/2018	IOD	8.00	30.02	240.13
21001421	0001708	Douglas, Kenneth G	12/4/2018	IOD	8.00	30.02	240.13
21001421	0001708	Douglas, Kenneth G	12/5/2018	IOD	8.00	30.02	240.13
21001421	0001708	Douglas, Kenneth G	12/6/2018	IOD	8.00	30.02	240.13
21001421	0001708	Douglas, Kenneth G	11/24/2018	OVT	12.00	30.02	360.20
21001421	0001708	Douglas, Kenneth G	11/25/2018	OVT	12.00	30.02	360.20
21001421	0001708	Douglas, Kenneth G	11/26/2018	OVT	4.00	30.02	120.07
21001421	0001708	Douglas, Kenneth G	11/27/2018	OVT	4.00	30.02	120.07
21001421	0001708	Douglas, Kenneth G	12/7/2018	REG	8.00	30.02	240.13
21001421	0001708	Douglas, Kenneth G	12/11/2018	REG	8.00	30.02	240.13
21001421	0001708	Douglas, Kenneth G	12/12/2018	REG	8.00	30.02	240.13
21001421	0001708	Douglas, Kenneth G	12/13/2018	REG	8.00	30.02	240.13
Totals for Douglas, Kenneth G							4,247.31
Totals for Department - Animal Enforcement/Field Ser							4,247.31

OVT Rate should be 1.5x  
So, \$45.03/hr instead of \$30.02



DEPARTMENT OF HOMELAND SECURITY  
FEDERAL EMERGENCY MANAGEMENT AGENCY  
**FORCE ACCOUNT LABOR SUMMARY RECORD**

O.M.B. No. 1660-0017  
Expires December 31, 2011

PAGE \_\_\_\_\_ DF \_\_\_\_\_

APPLICANT <b>SACramento City Animal Control</b>	PA ID NO.	PROJECT NO.	DISASTER <b>Camp Fire</b>
LOCATION/STATE <b>Paradise, CA / Butte County</b>		CATEGORY	PERIOD COVERING <b>11/18/18 - 12/18/18</b>
DESCRIPTION OF WORK PERFORMED			

Reported to town of Paradise for field services. Information was filed at in greater detail and submitted to NVADG at that time. Specific start/end times are no longer available.

NAME	DATES AND HOURS WORKED EACH WEEK							COSTS		
	DATE	11/23	11/24	11/25	11/26			TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR
JOB TITLE										
NAME	REG.									
JOB TITLE	O.T.	12	12	12	12			48	45.03	
NAME	REG.									
JOB TITLE	O.T.									
NAME	REG.									
JOB TITLE	O.T.									
NAME	REG.									
JOB TITLE	O.T.									
TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME										\$
TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME										\$
										\$ 2161.44

I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED <i>[Signature]</i>	TITLE <i>Sr. Animal Control Officer</i>	DATE <i>2/27/19</i>
---------------------------------	--	------------------------



**EMMA FORM 5 - INDIVIDUAL DEMOBILIZATION CHECKOUT**

1. Incident Name/Number <b>CAMP FIRE</b>	2. Date/Time (Of Release Notification) <b>11/25/18 2100</b>	3. Arrival Date/Time <b>11/27/18 0700</b>
4. Name of Released <b>MAREIC SLIWA</b>	5. Position of Released <b>Animal Control Officer</b>	

(Returning via Airline Name &amp; Flight Number, POV...)

6. Transportation Type **N/A**

7. Actual Release Date/Time

8. MRT #

(RIMS Mission Tasking Number)

9. Destination (Location Agreed Upon)

10. Notified: Agency { } Region { } Area { } Dispatch { }  
(check one, list information below)  
Name:

Time:

11. Cell Phone or Emergency Contact #

Date:

12. EMMA Coordinator Name (Providing Jurisdiction)

**SAC OES / Cindy Machado**

13. Unit/Personnel

You have been released subject to sign off from the following:

(Demobilization Unit Leader check the appropriate box)

Logistics Section

Comment and Sign Off

{ } EMMA Coordinator

EMMA Form 3 - Voluntary Performance Rating Copy Provided? Y · N

{ } Supply Unit

EMMA Form 4 - Exit Survey Provided? Y N

{ } Communications Unit

{ } Facilities Unit

{X} Ground Support Unit

**Field support ICS**

Plans/Intel Section

Comment and Sign Off

{ } Documentation Unit

Finance/Admin Section

Comment and Sign Off

{ } Time Unit

Other

Comment and Sign Off

{ }

{ }

14. Remarks

**No one was actually doing Demob paperwork**

15. Prepared by (include Date and Time)

**J. Huggins****2-27**

**EMMA FORM 1- RESOURCE REQUEST  
& ASSIGNMENT**

(Rev. 2/27/13)

Part A of this form must be attached to a RIMS Mission Request when the request is submitted. Part B must be attached to the RIMS Mission Request when an EMMA resource has been selected for assignment. The RIMS Mission Request may only be approved and a Mission # made available after Parts A and B are completed and attached.

Request #: (Generated by Requesting Jurisdiction to match Parts A and B.)

Animal Field Service

Incident Name: Camp Fire

Request Date / Time: multiple

Approved RIMS Mission #: (May only be generated after EMMA resource has been selected for assignment.)

**PART B (To be completed by Providing Jurisdiction)**

Providing Jurisdiction Name: City of Sacramento

24 Hour Phone Number: (916) 599-5577

EMMA Coordinator / PRIMARY Point of Contact Name: JACE HUGGINS

Position / Title: CHIEF ANIMAL CONTROL OFFICER Phone: (916) 599-5577

Alt Phone: ( ) -

Fax: ( ) - E-Mail: Jhuggins@cityofsacramento.org

Alternate Point of Contact (Optional):

Position / Title:

Phone: ( ) -

Alt Phone: ( ) -

Fax: ( ) - E-Mail:

**Providing Jurisdiction Authorization:** (The following signature of an authorized official of the Providing Jurisdiction indicates the Providing Jurisdiction has made a good-faith effort to ensure the potential EMMA resource(s) listed on this form is qualified to fulfill the corresponding request and is available for deployment. It is understood that this form does not constitute a contract with the Requesting Jurisdiction. Mutual aid extended under the EMMA Plan shall be without reimbursement unless otherwise expressly provided for in a separate pre/post-event agreement between the Requesting and Providing Jurisdictions. Such an agreement does not guarantee state or federal reimbursement.)

JACE HUGGINS CHIEF ANIMAL CONTROL OFFICER

Print Name and Title

Signature

**Potential EMMA Resource Information:**

☒ (For Requesting Jurisdiction only: Check this box to select EMMA resource for assignment.)

Name: MARK SLIWA

Cell Phone:

Alt Phone: (916) 599-5577

Email: @cityofsacramento.org

Available for the period specified above?

☒ Yes ☐ No

Able to perform the tasks described above?

☒ Yes ☐ No

Security Clearance (if applicable)?

☒ Yes ☐ No

Equipment needed for deployment as specified above is available?

☒ Yes ☐ No

Has been made aware of the expected working conditions?

☒ Yes ☐ No

Experience / EOC Position Credentials:

Current ACO w/ equipment & training

Special Skills / Certifications / Licenses:

Emergency Contact Name:

Relationship:

Cell Phone:

Alt Phone:

Additional Comments:

# City of SACRAMENTO

Time Reported by Date by EmpID or Dept  
From 11/21/2018 to 12/14/2018  
From Department 21001011 to Department 21001441  
TRC - % and EmpID - 0003864

Sacpy07

DeptID	EmpID	Name	Date	TRC	Hours	Rate	Amount
21001421	0003864	Sliwa, Marek	11/23/2018	CTO	2.00	30.02	60.03
21001421	0003864	Sliwa, Marek	12/14/2018	CTO	1.00	30.02	30.02
21001421	0003864	Sliwa, Marek	11/22/2018	HOL	8.00	30.02	240.13
21001421	0003864	Sliwa, Marek	11/21/2018	REG	8.00	30.02	240.13
21001421	0003864	Sliwa, Marek	11/24/2018	REG	8.00	30.02	240.13
21001421	0003864	Sliwa, Marek	11/27/2018	REG	8.00	30.02	240.13
21001421	0003864	Sliwa, Marek	11/28/2018	REG	8.00	30.02	240.13
21001421	0003864	Sliwa, Marek	11/29/2018	REG	8.00	30.02	240.13
21001421	0003864	Sliwa, Marek	12/1/2018	REG	8.00	30.02	240.13
21001421	0003864	Sliwa, Marek	12/5/2018	REG	8.00	30.02	240.13
21001421	0003864	Sliwa, Marek	12/6/2018	REG	8.00	30.02	240.13
21001421	0003864	Sliwa, Marek	12/7/2018	REG	8.00	30.02	240.13
21001421	0003864	Sliwa, Marek	12/8/2018	REG	8.00	30.02	240.13
21001421	0003864	Sliwa, Marek	12/12/2018	REG	8.00	30.02	240.13
21001421	0003864	Sliwa, Marek	12/13/2018	REG	8.00	30.02	240.13
21001421	0003864	Sliwa, Marek	11/25/2018	CTOT	2.00	30.02	60.03
Totals for Sliwa, Marek					208.00		3,271.78
Totals for Department - Animal Enforcement/Field Ser					208.00		3,271.78

OVT Rate should be 1.5x

O.M.B. No. 1660-0017  
Expires December 31, 2011

PAGE OF

30

**APPLICANT**

LOCATION/NOTE  
Sacramento City Animal Control

PAID NO.

PROJECT NO.

## DISASTER

Camp Fire

CATEGORY	NUMBER OF STUDENTS	PERCENTAGE OF STUDENTS
1. No response	0	0%
2. Very low	1	100%
3. Low	1	100%
4. Moderate	1	100%
5. High	1	100%
6. Very high	1	100%
Total	6	600%

PERIOD COVERING  
11/18/18 - 12/18/18

DESCRIPTION OF WORK PERFORMED

Reported to town of Paradise for field services. Information was filled at in greater detail and submitted to NVADG at that time. Specific start/end times are no longer available.

[illegible]

TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME

TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME

I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

**CERTIFIED**

RED/ *Oliver Hughes*

### अनुवि

Sr. Armed Control officer

**NOTE**

DATE 2/27/19

## ACTIVITY LOG (ICS 214)

[illegible]

## EMMA FORM 5 - INDIVIDUAL DEMOBILIZATION CHECKOUT

1. Incident Name/Number <b>CAMP FIRE</b>		2. Date/Time (Of Release Notification) <b>11/25/18 8am</b>	3. Arrival Date/Time <b>11/25/18 7am</b>
4. Name of Released <b>Sean Colan</b>		5. Position of Released <b>Animal Control Officer</b>	
(Returning via Airline Name & Flight Number, POV...)			
6. Transportation Type <b>N/A</b>			
7. Actual Release Date/Time		8. MRT # (RIMS Mission Tasking Number)	
9. Destination (Location Agreed Upon)  <b>/</b>		10. Notified: Agency { } Region { } Area { } Dispatch { } (check one, list information below) Name:  Time:  Date:	
11. Cell Phone or Emergency Contact #			
12. EMMA Coordinator Name (Providing Jurisdiction) <b>SAC OES / Cindy Machado</b>			
13. Unit/Personnel			
You have been released subject to sign off from the following: (Demobilization Unit Leader check the appropriate box)			
Logistics Section		Comment and Sign Off	
{ } EMMA Coordinator	EMMA Form 3 - Voluntary Performance Rating Copy Provided? Y · N EMMA Form 4 - Exit Survey Provided? Y N		
{ } Supply Unit			
{ } Communications Unit			
{ } Facilities Unit			
<input checked="" type="checkbox"/> Ground Support Unit	<b>field support ICS</b>		
Plans/Intel Section		Comment and Sign Off	
{ } Documentation Unit			
Finance/Admin Section		Comment and Sign Off	
{ } Time Unit			
Other		Comment and Sign Off	
{ }			
{ }			
14. Remarks  <b>No one was actually doing Demob paperwork</b>			
15. Prepared by (include Date and Time) <b>J. Huggins 2-27</b>			



**EMMA FORM 1- RESOURCE REQUEST  
& ASSIGNMENT**

(Rev. 2/27/13)

Part A of this form must be attached to a RIMS Mission Request when the request is submitted. Part B must be attached to the RIMS Mission Request when an EMMA resource has been selected for assignment. The RIMS Mission Request may only be approved and a Mission # made available after Parts A and B are completed and attached.

Request #: (Generated by Requesting Jurisdiction to match Parts A and B.)

Animal Field Services

Incident Name: Camp Fire

Request Date / Time: multiple dates

Approved RIMS Mission #:

(May only be generated after EMMA resource has been selected for assignment.)

**PART B (To be completed by Providing Jurisdiction)**

Providing Jurisdiction Name: City of Sacramento

24 Hour Phone Number: (916) 544-5377

EMMA Coordinator / PRIMARY Point of Contact Name: JACE HUGGINS

Position / Title: CHIEF ANIMAL CONTROL OFFICER Phone: (916) 544-5377

Alt Phone: ( ) - ( )

Fax: ( ) - E-Mail: Jhuggins@cityofsacramento.org

Alternate Point of Contact (Optional):

Position / Title:

Phone: ( ) - ( )

Alt Phone: ( ) - ( )

Fax: ( ) - E-Mail:

**Providing Jurisdiction Authorization:** (The following signature of an authorized official of the Providing Jurisdiction indicates the Providing Jurisdiction has made a good-faith effort to ensure the potential EMMA resource(s) listed on this form is qualified to fulfill the corresponding request and is available for deployment. It is understood that this form does not constitute a contract with the Requesting Jurisdiction. Mutual aid extended under the EMMA Plan shall be without reimbursement unless otherwise expressly provided for in a separate pre/post-event agreement between the Requesting and Providing Jurisdictions. Such an agreement does not guarantee state or federal reimbursement.)

JACE HUGGINS CHIEF ANIMAL CONTROL OFFICER

Print Name and Title

Signature

**Potential EMMA Resource Information:**

☒ (For Requesting Jurisdiction only: Check this box to select EMMA resource for assignment.)

Name: Sean Colan

Cell Phone:

Alt Phone: (916) 544-5377

Email: scolan@cityofsacramento.org

Available for the period specified above?

☒ Yes ☐ No

Able to perform the tasks described above?

☒ Yes☐ No

Security Clearance (if applicable)?

☒ Yes☐ No

Equipment needed for deployment as specified above is available?

☒ Yes☐ No

Has been made aware of the expected working conditions?

☒ Yes☐ No

Experience / EOC Position Credentials:

Current ACO w/ equipment &amp; training

Special Skills / Certifications / Licenses:

Emergency Contact Name:

Relationship:

Cell Phone:

Alt Phone:

( ) - ( )

Additional Comments:

# City of SACRAMENTO

Time Reported by Date by EmpID or Dept  
From 11/21/2018 to 12/14/2018  
From Department 21001011 to Department 21001441  
TRC - % and EmpID - 0020082

Sacpy07

DeptID	EmpID	Name	Date	TRC	Hours	Rate	Amount
21001421	0020082	Colan, Sean	11/27/2018	CTO	0.50	22.33	11.17
21001421	0020082	Colan, Sean	11/22/2018	HOL	8.00	22.33	178.66
21001421	0020082	Colan, Sean	11/23/2018	HOL	8.00	22.33	178.66
21001421	0020082	Colan, Sean	11/21/2018	OVT	4.50	22.33	100.49
21001421	0020082	Colan, Sean	11/24/2018	OVT	0.50	22.33	11.17
21001421	0020082	Colan, Sean	11/25/2018	OVT	10.00	22.33	223.32
21001421	0020082	Colan, Sean	11/28/2018	OVT	0.50	22.33	11.17
21001421	0020082	Colan, Sean	11/29/2018	OVT	0.50	22.33	11.17
21001421	0020082	Colan, Sean	11/30/2018	OVT	2.50	22.33	55.83
21001421	0020082	Colan, Sean	12/1/2018	OVT	0.50	22.33	11.17
21001421	0020082	Colan, Sean	12/4/2018	OVT	1.00	22.33	22.33
21001421	0020082	Colan, Sean	12/5/2018	OVT	0.50	22.33	11.17
21001421	0020082	Colan, Sean	12/6/2018	OVT	0.50	22.33	11.17
21001421	0020082	Colan, Sean	12/7/2018	OVT	1.25	22.33	27.92
21001421	0020082	Colan, Sean	12/8/2018	OVT	0.50	22.33	11.17
21001421	0020082	Colan, Sean	12/11/2018	OVT	4.75	22.33	106.08
21001421	0020082	Colan, Sean	12/12/2018	OVT	1.00	22.33	22.33
21001421	0020082	Colan, Sean	12/13/2018	OVT	0.50	22.33	11.17
21001421	0020082	Colan, Sean	12/14/2018	OVT	2.87	22.33	64.09
Totals for Colan, Sean					198.37		1,080.20
Totals for Department - Animal Enforcement/Field Ser					198.37		1,080.20

\* OVT Rate should be 1.5x

**O.M.B. No. 1660-0017**  
**Expires December 31, 2011**

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APPLICANT

SACramento City Animal Control

PAID NO.

PROJECT NO.

## DISASTER

Campo Five

Paradise, CA / Butte County

CATEGORY

PERIOD COVERING

DESCRIPTION OF WORK PERFORMED

Reported to town of Paradise for field services. Information was filled at in greater detail and submitted to NVADG at that time. Specific start/ end times are no longer available.

NAME		DATES AND HOURS WORKED EACH WEEK							COSTS				
	JOB TITLE	DATE							TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR	TOTAL HOURLY RATE	TOTAL COSTS
Sean Colan	Animal Control Officer	11/25/18											
		REG.											
		O.T.	10						10	22.33			\$ 334.95
		REG.											
		O.T.											
		REG.											
		O.T.											
		REG.											
		O.T.											
		REG.											
		O.T.											
		REG.											
		O.T.											

TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME

TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME

I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

**CERTIFIED**

## TIME

DATE \_\_\_\_\_

**EMMA FORM 1- RESOURCE REQUEST  
& ASSIGNMENT**

(Rev. 2/27/13)

Part A of this form must be attached to a RIMS Mission Request when the request is submitted. Part B must be attached to the RIMS Mission Request when an EMMA resource has been selected for assignment. The RIMS Mission Request may only be approved and a Mission # made available after Parts A and B are completed and attached.

Request #: (Generated by Requesting Jurisdiction to match Parts A and B.)

Animal Field Services

Incident Name: Campfire

Request Date / Time: multiple

Approved RIMS Mission #: (May only be generated after EMMA resource has been selected for assignment.)

**PART B (To be completed by Providing Jurisdiction)**

Providing Jurisdiction Name: City of Sacramento

24 Hour Phone Number: (916) 549-5577

EMMA Coordinator / PRIMARY Point of Contact Name: JACE HUGGINS

Position / Title: CHIEF ANIMAL CONTROL OFFICER Phone: (916) 549-5577

Alt Phone: ( ) -

Fax: ( ) - E-Mail: Jhuggins@cityofsacramento.org

Alternate Point of Contact (Optional):

Position / Title:

Phone: ( ) -

Alt Phone: ( ) -

Fax: ( ) - E-Mail:

**Providing Jurisdiction Authorization:** (The following signature of an authorized official of the Providing Jurisdiction indicates the Providing Jurisdiction has made a good-faith effort to ensure the potential EMMA resource(s) listed on this form is qualified to fulfill the corresponding request and is available for deployment. It is understood that this form does not constitute a contract with the Requesting Jurisdiction. Mutual aid extended under the EMMA Plan shall be without reimbursement unless otherwise expressly provided for in a separate pre/post-event agreement between the Requesting and Providing Jurisdictions. Such an agreement does not guarantee state or federal reimbursement.)

JACE HUGGINS CHIEF ANIMAL CONTROL OFFICER

Print Name and Title

Signature

**Potential EMMA Resource Information:**

☒ (For Requesting Jurisdiction only: Check this box to select EMMA resource for assignment.)

Name: Johnson Tran

Cell Phone:

Alt Phone: (916) 541-5377

Email: JHtran@cityofsacramento.org

Available for the period specified above?

☒ Yes ☐ No

Able to perform the tasks described above?

☒ Yes

☐ No

Security Clearance (If applicable)?

☒ Yes

☐ No

Equipment needed for deployment as specified above is available?

☒ Yes

☐ No

Has been made aware of the expected working conditions?

☒ Yes

☐ No

Experience / EOC Position Credentials:

Current ACO w/ equipment & training

Special Skills / Certifications / Licenses:

P.O.S.T

Emergency Contact Name:

Relationship:

Cell Phone:

Alt Phone:

Additional Comments:

# City of SACRAMENTO

Time Reported by Date by EmpID or Dept  
From 11/21/2018 to 12/14/2018  
From Department 21001011 to Department 21001441  
TRC - % and EmpID - 0020506

Sacpy07

DeptID	EmpID	Name	Date	TRC	Hours	Rate	Amount
21001421	0020506	Tran, Johnson	12/6/2018	CTO	5.00	31.41	157.04
21001421	0020506	Tran, Johnson	12/8/2018	CTO	8.00	31.41	251.27
21001421	0020506	Tran, Johnson	11/22/2018	HOL	8.00	31.41	251.27
21001421	0020506	Tran, Johnson	11/23/2018	HOL	8.00	31.41	251.27
21001421	0020506	Tran, Johnson	11/21/2018	OVS	0.50	31.41	15.70
21001421	0020506	Tran, Johnson	11/24/2018	REG	8.00	31.41	251.27
21001421	0020508	Tran, Johnson	11/27/2018	REG	8.00	31.41	251.27
21001421	0020508	Tran, Johnson	11/28/2018	REG	8.00	31.41	251.27
21001421	0020506	Tran, Johnson	11/29/2018	REG	8.00	31.41	251.27
21001421	0020506	Tran, Johnson	11/30/2018	REG	8.00	31.41	251.27
21001421	0020506	Tran, Johnson	12/1/2018	REG	8.00	31.41	251.27
21001421	0020506	Tran, Johnson	12/11/2018	REG	8.00	31.41	251.27
21001421	0020506	Tran, Johnson	12/12/2018	REG	8.00	31.41	251.27
21001421	0020506	Tran, Johnson	12/13/2018	REG	8.00	31.41	251.27
21001421	0020506	Tran, Johnson	12/14/2018	REG	8.00	31.41	251.27
21001421	0020506	Tran, Johnson	12/17/2018	HEUAM	8.00	31.41	251.27
21001421	0020506	Tran, Johnson	12/5/2018	HYAAM	4.00	31.41	125.63
21001421	0020506	Tran, Johnson	12/4/2018	PT5AM	8.00	31.41	251.27
Totals for Tran, Johnson					162.00		4,067.37
Totals for Department - Animal Enforcement/Field Ser					162.00		4,067.37

\* OUT Rate should be 1.5x

DEPARTMENT OF HOMELAND SECURITY  
FEDERAL EMERGENCY MANAGEMENT AGENCY  
**FORCE ACCOUNT LABOR SUMMARY RECORD**

O.M.B. No. 1660-0017  
Expires December 31, 2011

PAGE \_\_\_\_\_ OF \_\_\_\_\_

APPLICANT <u>Sacramento City Animal Control</u>	PAID NO.	PROJECT NO.	DISASTER <u>Campfire</u>
LOCATION/SITE <u>Paradise, CA / Butte County</u>		CATEGORY	PERIOD COVERING <u>11/18/18 - 12/18/18</u>
DESCRIPTION OF WORK PERFORMED			

Reported to town of Paradise for field services. Information was filed at in greater detail and submitted to NVADG at that time. Specific start/end times are no longer available.

NAME		DATES AND HOURS WORKED EACH WEEK							COSTS		
		DATE	11/27/18	11/28/18					TOTAL HOURS	HOURLY RATE	TOTAL COSTS
JOB TITLE											
NAME	Johnson Tran	REG.									
JOB TITLE	Senior Animal Control	O.T.	13	13					26	\$31.41	\$1,224.99
NAME		REG.									
JOB TITLE		O.T.									
NAME		REG.									
JOB TITLE		O.T.									
NAME		REG.									
JOB TITLE		O.T.									
TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME										\$	
TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME										\$	\$1,224.99

I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED	TITLE	DATE
-----------	-------	------

# ACTIVITY LOG (ICS 214)

11/30

1. Incident Name: <b>Camp fire</b>	2. Operational Period: <b>11/23 + 12/1</b>	Date From: <b>11/23 + 12/1</b> Date To: <b>11/23 + 11/30</b>
3. Name: <b>Clinton Ramirez</b>	4. ICS Position: <b>Animal Control officer</b>	5. Home Agency (and Unit): <b>City of Sacramento Animal Control</b>

6. Resources Assigned:		
Name	ICS Position	Home Agency (and Unit)

7. Activity Log:	
Date/Time	Notable Activities
	Responded to Field services requests for evacuation or shelter in place of animals. All info was filled out on dates of service, so precise times and resources assigned are no longer available.
11/23/18	0800 Richter briefing 0830 get SIPS assignments ↓ Handle SIPS ↓ 1800 Return to Richter, Debrief. Complete paperwork ~2000 Return home
11/30/18	0800 Brief @ Richter get calls ↓ Handle calls 1600 end day Debrief return home

8. Prepared by: Name: <b>C Finch</b>	Position/Title: <b>Sr. Animal Control Officer</b>	Signature: <i>[Signature]</i>
ICS 214, Page 1	Date/Time: Date <b>2/27/19</b>	

## EMMA FORM 5 - INDIVIDUAL DEMOBILIZATION CHECKOUT

1. Incident Name/Number <b>CAMP FIRE</b>		2. Date/Time (Of Release Notification) <b>11/30/18 1800</b>	3. Arrival Date/Time <b>11/23/18 0700</b>
4. Name of Released <b>Clinton Ramirez</b>		5. Position of Released <b>Animal Control Officer</b>	
(Returning via Airline Name & Flight Number, POV...)			
6. Transportation Type <b>N/A</b>			
7. Actual Release Date/Time		8. MRT # (RIMS Mission Tasking Number)	
9. Destination (Location Agreed Upon)  <b>/</b>		10. Notified: Agency { } Region { } Area { } Dispatch { } (check one, list information below) Name:  Time:  Date:	
11. Cell Phone or Emergency Contact #			
12. EMMA Coordinator Name (Providing Jurisdiction) <b>Sac OES / Cindy Machado</b>			
13. Unit/Personnel			
You have been released subject to sign off from the following: (Demobilization Unit Leader check the appropriate box)			
Logistics Section		Comment and Sign Off	
<input type="checkbox"/> EMMA Coordinator	EMMA Form 3 - Voluntary Performance Rating Copy Provided? Y · N		
<input type="checkbox"/> Supply Unit	EMMA Form 4 - Exit Survey Provided? Y N		
<input type="checkbox"/> Communications Unit			
<input type="checkbox"/> Facilities Unit			
<input checked="" type="checkbox"/> Ground Support Unit	<b>Field support ICS</b>		
Plans/Intel Section		Comment and Sign Off	
<input type="checkbox"/> Documentation Unit			
Finance/Admin Section		Comment and Sign Off	
<input type="checkbox"/> Time Unit			
Other		Comment and Sign Off	
<input type="checkbox"/>			
<input type="checkbox"/>			
14. Remarks  <b>No one was actually doing Demob paperwork</b>			
15. Prepared by (Include Date and Time) <b>J. Huggins 2-27</b>			



**EMMA FORM 1- RESOURCE REQUEST  
& ASSIGNMENT**

(Rev. 2/27/13)

Part A of this form must be attached to a RIMS Mission Request when the request is submitted. Part B must be attached to the RIMS Mission Request when an EMMA resource has been selected for assignment. The RIMS Mission Request may only be approved and a Mission # made available after Parts A and B are completed and attached.

**Request #:** (Generated by Requesting Jurisdiction to match Parts A and B.)

Animal field services

**Incident Name:** Camp fire

**Request Date / Time:** multiple

**Approved RIMS Mission #:**  
(May only be generated after EMMA resource has been selected for assignment.)

**PART B (To be completed by Providing Jurisdiction)**

**Providing Jurisdiction Name:** City of Sacramento

**24 Hour Phone Number:** (916) 594-5577

**EMMA Coordinator / PRIMARY Point of Contact Name:** JACE HUGGINS

**Position / Title:** CHIEF ANIMAL CONTROL OFFICER

**Phone:** (916) 594-5577

**Alt Phone:** ( ) -

**Fax:** ( ) - **E-Mail:** Jhuggins@cityofsacramento.org

**Alternate Point of Contact (Optional):**

**Position / Title:**

**Phone:** ( ) -

**Alt Phone:** ( ) -

**Fax:** ( ) - **E-Mail:**

**Providing Jurisdiction Authorization:** (The following signature of an authorized official of the Providing Jurisdiction indicates the Providing Jurisdiction has made a good-faith effort to ensure the potential EMMA resource(s) listed on this form is qualified to fulfill the corresponding request and is available for deployment. It is understood that this form does not constitute a contract with the Requesting Jurisdiction. Mutual aid extended under the EMMA Plan shall be without reimbursement unless otherwise expressly provided for in a separate pre/post-event agreement between the Requesting and Providing Jurisdictions. Such an agreement does not guarantee state or federal reimbursement.)

JACE HUGGINS CHIEF ANIMAL CONTROL OFFICER

Print Name and Title

Signature

**Potential EMMA Resource Information:**

☒ (For Requesting Jurisdiction only: Check this box to select EMMA resource for assignment.)

**Name:** Clinton Ramirez

**Cell Phone:**

**Alt Phone:** (916) 594-5577

**Email:** clramirez@cityofsacramento.org

**Available for the period specified above?**

☒ Yes ☐ No

**Able to perform the tasks described above?**

☒ Yes

☐ No

**Security Clearance (If applicable)?**

☒ Yes

☐ No

**Equipment needed for deployment as specified above is available?**

☒ Yes

☐ No

**Has been made aware of the expected working conditions?**

☒ Yes

☐ No

**Experience / EOC Position Credentials:**

Current ACO w/ equipment & training

**Special Skills / Certifications / Licenses:**

**Emergency Contact Name:**

**Relationship:**

**Cell Phone:**

**Alt Phone:**

**Additional Comments:**

# City of SACRAMENTO

Time Reported by Date by EmpID or Dept  
From 11/21/2018 to 12/14/2018  
From Department 21001011 to Department 21001441  
TRC - % and EmpID - 0020271

Sacpy07

DeptID	EmpID	Name	Date	TRC	Hours	Rate	Amount
21001421	0020271	Ramirez, Clinton	11/22/2018	HOL	8.00	22.88	183.01
21001421	0020271	Ramirez, Clinton	11/23/2018	OVT	13.00	22.88	297.40
21001421	0020271	Ramirez, Clinton	11/26/2018	OVT	2.00	22.88	45.75
21001421	0020271	Ramirez, Clinton	11/27/2018	OVT	1.00	22.88	22.88
21001421	0020271	Ramirez, Clinton	11/28/2018	OVT	2.00	22.88	45.75
21001421	0020271	Ramirez, Clinton	11/29/2018	OVT	0.50	22.88	11.44
21001421	0020271	Ramirez, Clinton	11/30/2018	OVT	9.00	22.88	205.89
21001421	0020271	Ramirez, Clinton	12/3/2018	OVT	0.50	22.88	11.44
21001421	0020271	Ramirez, Clinton	12/10/2018	OVT	1.00	22.88	22.88
21001421	0020271	Ramirez, Clinton	12/11/2018	OVT	0.50	22.88	11.44
21001421	0020271	Ramirez, Clinton	12/12/2018	OVT	1.00	22.88	22.88
21001421	0020271	Ramirez, Clinton	12/13/2018	OVT	0.50	22.88	11.44
21001421	0020271	Ramirez, Clinton	11/21/2018	REG	8.00	22.88	183.01
21001421	0020271	Ramirez, Clinton	11/25/2018	REG	8.00	22.88	183.01
21001421	0020271	Ramirez, Clinton	12/2/2018	REG	8.00	22.88	183.01
21001421	0020271	Ramirez, Clinton	12/4/2018	REG	8.00	22.88	183.01
21001421	0020271	Ramirez, Clinton	12/5/2018	REG	8.00	22.88	183.01
21001421	0020271	Ramirez, Clinton	12/6/2018	REG	8.00	22.88	183.01
21001421	0020271	Ramirez, Clinton	12/9/2018	REG	8.00	22.88	183.01
Totals for Ramirez, Clinton					171.00		2,173.29
Totals for Department - Animal Enforcement/Field Ser					171.00		2,173.29

\* OVT rate should be 1.5x

**C.M.B. No. 1660-0017**  
**Expires December 31, 2011**

PAGE OF

## DISASTER

PROJECT NO.

PAID NO.

## DISASTER

Lawrence City Animal Control

CATEGORY	
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מבין המדענים המובילים בעולם

PERIOD COVERING  
11/18/18 - 12/18/18

DESCRIPTION OF WORK PERFORMED

Reported to town of Paradise for field services. Information was filled at in greater detail and submitted to NVADG at that time. Specific start-end times are no longer available.

NAME		DATES AND HOURS WORKED EACH WEEK								COSTS				
JOB TITLE	DATE	11/23/18	11/30/18							TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR	TOTAL HOURLY RATE	TOTAL COSTS
NAME: Clinton Ramirez	REG.													
JOB TITLE: Animal Control Officer	O.T.	13	9							22	22.88			\$755.04
NAME:	REG.													
JOB TITLE:	O.T.													
NAME:	REG.													
JOB TITLE:	O.T.													
NAME:	REG.													
JOB TITLE:	O.T.													
NAME:	REG.													
JOB TITLE:	O.T.													
TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME													\$	
TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME														\$755.04

I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

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DATE \_\_\_\_\_

## ACTIVITY LOG (ICS 214)

1. Incident Name: <b>Camp Fire</b>		2. Operational Period:		Date From: <b>11/30</b> Time From: <b>HHMM</b>	Date To: <b>12/2</b> Time To: <b>HHMM</b>
3. Name: <b>Naomi-Beth McCall</b>		4. ICS Position: <b>Animal Control officer</b>		5. Home Agency (and Unit): <b>City of Sacramento Animal Control</b>	
6. Resources Assigned:					
Name		ICS Position		Home Agency (and Unit)	
7. Activity Log:					
Date/Time		Notable Activities			
		Responded to Field services requests for evacuation or shelter in place of animals. All info was filled out on dates of service, so precise times and resources assigned are no longer available.			
11/30/18 to 12/2/18		each day same			
		0800 Richter Briefing & receive SIPS & assignments			
		1800 Return to Richter to debrief & complete out paperwork			
		2000 end Shift			
8. Prepared by: Name: <b>C. Fensch</b> Position/Title: <b>Sr. Animal Control Officer</b> Signature: <i>[Signature]</i>					
ICS 214, Page 1		Date/Time: Date <b>2/27/19</b>			

**EMMA FORM 5 - INDIVIDUAL DEMOBILIZATION CHECKOUT**

1. Incident Name/Number <b>CAMP FIRE</b>	2. Date/Time (Of Release Notification) <b>12/2/18 1800</b>	3. Arrival Date/Time <b>11/30/18 0700</b>
4. Name of Released <b>Nabuni McCare</b>	5. Position of Released <b>Animal Control Officer</b>	

(Returning via Airline Name &amp; Flight Number, POV...)

6. Transportation Type **N/A**

7. Actual Release Date/Time

8. MRT #

(RIMS Mission Tasking Number)

9. Destination (Location Agreed Upon)

10. Notified: Agency { } Region { } Area { } Dispatch { }  
(check one, list information below)

Name:

Time:

Date:

11. Cell Phone or Emergency Contact #

12. EMMA Coordinator Name (Providing Jurisdiction)

**SAC OES / Cindy Machado**

13. Unit/Personnel

You have been released subject to sign off from the following:

(Demobilization Unit Leader check the appropriate box)

**Logistics Section****Comment and Sign Off**

{ } EMMA Coordinator

EMMA Form 3 - Voluntary Performance Rating Copy Provided? Y N

EMMA Form 4 - Exit Survey Provided? Y N

{ } Supply Unit

{ } Communications Unit

{ } Facilities Unit

{X} Ground Support Unit

**Field support ICS****Plans/Intel Section****Comment and Sign Off**

{ } Documentation Unit

**Finance/Admin Section****Comment and Sign Off**

{ } Time Unit

**Other****Comment and Sign Off**

{ }

{ }

14. Remarks

**No one was actually doing Demob paperwork**

15. Prepared by (include Date and Time)

**J. Huggins****2-27**

**EMMA FORM 1- RESOURCE REQUEST  
& ASSIGNMENT**

(Rev. 2/27/13)

Part A of this form must be attached to a RIMS Mission Request when the request is submitted. Part B must be attached to the RIMS Mission Request when an EMMA resource has been selected for assignment. The RIMS Mission Request may only be approved and a Mission # made available after Parts A and B are completed and attached.

Request #: (Generated by Requesting Jurisdiction to match Parts A and B.)

Incident Name: *Camp Fire*

Request Date / Time: *multiple*

Approved RIMS Mission #: (May only be generated after EMMA resource has been selected for assignment.)

**PART B (To be completed by Providing Jurisdiction)**

Providing Jurisdiction Name: *City of Sacramento*

24 Hour Phone Number: *(916) 599-5577*

EMMA Coordinator / PRIMARY Point of Contact Name: *JACE HUGGINS*

Position / Title: *CHIEF ANIMAL CONTROL OFFICER* Phone: *(916) 599-5577*

Alt Phone: ( ) - ( ) - ( )

Fax: ( ) - ( ) E-Mail: *Jhuggins@cityofsacramento.org*

Alternate Point of Contact (Optional):

Position / Title:

Phone: ( ) - ( ) - ( )

Alt Phone: ( ) - ( ) - ( )

Fax: ( ) - ( ) E-Mail:

**Providing Jurisdiction Authorization:** (The following signature of an authorized official of the Providing Jurisdiction indicates the Providing Jurisdiction has made a good-faith effort to ensure the potential EMMA resource(s) listed on this form is qualified to fulfill the corresponding request and is available for deployment. It is understood that this form does not constitute a contract with the Requesting Jurisdiction. Mutual aid extended under the EMMA Plan shall be without reimbursement unless otherwise expressly provided for in a separate pre/post-event agreement between the Requesting and Providing Jurisdictions. Such an agreement does not guarantee state or federal reimbursement.)

*JACE HUGGINS CHIEF ANIMAL CONTROL OFFICER*  
Print Name and Title

*[Signature]*  
Signature

**Potential EMMA Resource Information:**

☒ (For Requesting Jurisdiction only: Check this box to select EMMA resource for assignment.)

Name: *NAOMI MCCALL*

Cell Phone:

Alt Phone: *(916) 544-5377*

Email: *@cityofsacramento.org*

Available for the period specified above?

☒ Yes ☐ No

Able to perform the tasks described above?

☒ Yes

☐ No

Security Clearance (If applicable)?

☒ Yes

☐ No

Equipment needed for deployment as specified above is available?

☒ Yes

☐ No

Has been made aware of the expected working conditions?

☒ Yes

☐ No

Experience / EOC Position Credentials:

*Current ACO w/ equipment & training*

Special Skills / Certifications / Licenses:

Emergency Contact Name:

Relationship:

Cell Phone:

Alt Phone:

( ) - ( ) - ( )

Additional Comments:

# City of SACRAMENTO

Time Reported by Date by EmplID or Dept  
From 11/21/2018 to 12/14/2018  
From Department 21001011 to Department 21001441  
TRC - % and EmplID - 0020933

Sacpy07

DeptID	EmplID	Name	Date	TRC	Hours	Rate	Amount
21001421	0020933	McCall, Naomi-Beth	11/24/2018	CTO	8.00	24.05	192.39
21001421	0020933	McCall, Naomi-Beth	12/8/2018	OVT	16.00	24.05	384.79
21001421	0020933	McCall, Naomi-Beth	12/9/2018	OVT	2.00	24.05	48.10
21001421	0020933	McCall, Naomi-Beth	12/12/2018	OVT	2.00	24.05	48.10
21001421	0020933	McCall, Naomi-Beth	12/13/2018	OVT	0.70	24.05	16.83
21001421	0020933	McCall, Naomi-Beth	11/21/2018	REG	10.00	24.05	240.49
21001421	0020933	McCall, Naomi-Beth	11/27/2018	REG	8.00	24.05	192.39
21001421	0020933	McCall, Naomi-Beth	11/28/2018	REG	8.00	24.05	192.39
21001421	0020933	McCall, Naomi-Beth	11/29/2018	REG	8.00	24.05	192.39
21001421	0020933	McCall, Naomi-Beth	11/30/2018	REG	8.00	24.05	192.39
21001421	0020933	McCall, Naomi-Beth	12/2/2018	REG	8.00	24.05	192.39
21001421	0020933	McCall, Naomi-Beth	12/3/2018	REG	8.00	24.05	192.39
21001421	0020933	McCall, Naomi-Beth	12/4/2018	REG	8.00	24.05	192.39
21001421	0020933	McCall, Naomi-Beth	12/5/2018	REG	6.83	24.05	164.26
21001421	0020933	McCall, Naomi-Beth	12/6/2018	REG	8.00	24.05	192.39
21001421	0020933	McCall, Naomi-Beth	12/10/2018	REG	8.00	24.05	192.39
21001421	0020933	McCall, Naomi-Beth	12/11/2018	REG	8.00	24.05	192.39
21001421	0020933	McCall, Naomi-Beth	12/1/2018	CTOT	7.50	24.05	180.37
Totals for McCall, Naomi-Beth					201.78		3,199.27
Totals for Department - Animal Enforcement/Field Ser					201.78		3,199.27

\* OVT Rate should be 1.5x

DEPARTMENT OF HOMELAND SECURITY  
FEDERAL EMERGENCY MANAGEMENT AGENCY  
**FORCE ACCOUNT LABOR SUMMARY RECORD**

O.M.B. No. 1660-0017  
Expires December 31, 2011

PAGE \_\_\_\_\_ OF \_\_\_\_\_

APPLICANT <b>SACramento City Animal Control</b>	PROJECT NO.	DISASTER <b>Campfire</b>
LOCATION/SITE <b>Paradise, CA / Butte County</b>	CATEGORY	PERIOD COVERING <b>11/18/18 - 12/18/18</b>
DESCRIPTION OF WORK PERFORMED		

Reported to town of Paradise for field services. Information was filed at in greater detail and submitted to NVADG at that time. Specific start/end times are no longer available.

NAME	JOB TITLE	DATES AND HOURS WORKED EACH WEEK							COSTS		
		DATE	11/30/18	12/1/18	12/2/18				TOTAL HOURS	HOURLY RATE	TOTAL COSTS
NAME <b>Naomi-Beth McCall</b>		REG.									
JOB TITLE <b>Animal Control Officer</b>		O.T.	15	15	8				38	\$24.05	\$1,371.99
NAME		REG.									
JOB TITLE		O.T.									
NAME		REG.									
JOB TITLE		O.T.									
NAME		REG.									
JOB TITLE		O.T.									

TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME **\$1,371.99**

TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME **\$**

I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED	TITLE	DATE
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**EMMA FORM 1- RESOURCE REQUEST  
& ASSIGNMENT**

(Rev. 2/27/13)

Part A of this form must be attached to a RIMS Mission Request when the request is submitted. Part B must be attached to the RIMS Mission Request when an EMMA resource has been selected for assignment. The RIMS Mission Request may only be approved and a Mission # made available after Parts A and B are completed and attached.

Request #: (Generated by Requesting Jurisdiction to match Parts A and B.)

Animal Field Services

Incident Name: Camp Fire

Request Date / Time: multiple

Approved RIMS Mission #:

(May only be generated after EMMA resource has been selected for assignment.)

**PART B (To be completed by Providing Jurisdiction)**

Providing Jurisdiction Name: City of Sacramento

24 Hour Phone Number: (916) 599-5577

EMMA Coordinator / PRIMARY Point of Contact Name: JACE HUGGINS

Position / Title: CHIEF ANIMAL CONTROL OFFICER Phone: (916) 599-5577

Alt Phone: ( ) -

Fax: ( ) - E-Mail: Jhuggins@cityofsacramento.org

Alternate Point of Contact (Optional):

Position / Title:

Phone: ( ) -

Alt Phone: ( ) -

Fax: ( ) - E-Mail:

**Providing Jurisdiction Authorization:** (The following signature of an authorized official of the Providing Jurisdiction indicates the Providing Jurisdiction has made a good-faith effort to ensure the potential EMMA resource(s) listed on this form is qualified to fulfill the corresponding request and is available for deployment. It is understood that this form does not constitute a contract with the Requesting Jurisdiction. Mutual aid extended under the EMMA Plan shall be without reimbursement unless otherwise expressly provided for in a separate pre/post-event agreement between the Requesting and Providing Jurisdictions. Such an agreement does not guarantee state or federal reimbursement.)

JACE HUGGINS CHIEF ANIMAL CONTROL OFFICER

Print Name and Title

Signature

**Potential EMMA Resource Information:**

☒ (For Requesting Jurisdiction only: Check this box to select EMMA resource for assignment.)

Name: Allison Nielson

Cell Phone: (916) 584-4858 Alt Phone: (916) 541-5377

Email: Anielson@cityofsacramento.org

Available for the period specified above? ☒ Yes ☐ No

Able to perform the tasks described above? ☒ Yes ☐ No

Security Clearance (if applicable)? ☒ Yes ☐ No

Equipment needed for deployment as specified above is available? ☒ Yes ☐ No

Has been made aware of the expected working conditions? ☒ Yes ☐ No

Experience / EOC Position Credentials:

Current ACO w/ equipment & training

Special Skills / Certifications / Licenses:

Emergency Contact Name:

Relationship:

Cell Phone:

Alt Phone:

Additional Comments:

# City of SACRAMENTO

Time Reported by Date by EmplID or Dept  
From 11/21/2018 to 12/14/2018  
From Department 21001011 to Department 21001441  
TRC - % and EmplID - 0017125

Sacpy07

DeptID	EmplID	Name	Date	TRC	Hours	Rate	Amount
21001431	0017125	Nielson, Allison	11/22/2018	HOL	8.00	41.23	329.87
21001431	0017125	Nielson, Allison	11/23/2018	HOL	8.00	41.23	329.87
21001431	0017125	Nielson, Allison	11/21/2018	REG	8.00	41.23	329.87
21001431	0017125	Nielson, Allison	11/26/2018	REG	8.00	41.23	329.87
21001431	0017125	Nielson, Allison	11/27/2018	REG	8.00	41.23	329.87
21001431	0017125	Nielson, Allison	11/28/2018	REG	8.00	41.23	329.87
21001431	0017125	Nielson, Allison	11/29/2018	REG	8.00	41.23	329.87
21001431	0017125	Nielson, Allison	11/30/2018	REG	8.00	41.23	329.87
21001431	0017125	Nielson, Allison	12/10/2018	REG	8.00	42.06	336.46
21001431	0017125	Nielson, Allison	12/11/2018	REG	8.00	42.06	336.46
21001431	0017125	Nielson, Allison	12/12/2018	REG	8.00	42.06	336.46
21001431	0017125	Nielson, Allison	12/13/2018	REG	8.00	42.06	336.46
21001431	0017125	Nielson, Allison	12/14/2018	REG	8.00	42.06	336.46
21001431	0017125	Nielson, Allison	12/3/2018	HEUAM	8.00	41.23	329.87
21001431	0017125	Nielson, Allison	12/4/2018	HEUAM	8.00	41.23	329.87
21001431	0017125	Nielson, Allison	12/5/2018	HEUAM	2.67	41.23	110.09
21001431	0017125	Nielson, Allison	12/6/2018	VACAM	8.00	41.23	329.87
21001431	0017125	Nielson, Allison	12/7/2018	VACAM	8.00	41.23	329.87
Totals for Nielson, Allison					144.00		5,750.80
Totals for Department - Animal Care/Shelter					144.00		5,750.80

O.M.B. No. 1660-0017  
Expires December 31, 2011

PAGE OF

O.M.B. No. 1660-0017  
Expires December 31, 2011

PROJECT NO.

## DISASTER

Camp Fire

**CATEGORY**

PERIOD COVERING

11818-1218

Reported to town of Paradise for field services. Information was filled at in greater detail and submitted to NVADG at that time. Specific start/end times are no longer available.

TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME	\$ 265.83
TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME	\$

I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

**CERTIFIED**

### III

DATE \_\_\_\_\_

## ACTIVITY LOG (ICS 214)

[illegible]

**EMMA FORM 1- RESOURCE REQUEST  
& ASSIGNMENT**

(Rev. 2/27/13)

Part A of this form must be attached to a RIMS Mission Request when the request is submitted. Part B must be attached to the RIMS Mission Request when an EMMA resource has been selected for assignment. The RIMS Mission Request may only be approved and a Mission # made available after Parts A and B are completed and attached.

Request #: (Generated by Requesting Jurisdiction to match Parts A and B.)

Animal Field Services

Incident Name: Camp fire

Request Date / Time: multiple

Approved RIMS Mission #: (May only be generated after EMMA resource has been selected for assignment.)

**PART B (To be completed by Providing Jurisdiction)**

Providing Jurisdiction Name: City of Sacramento

24 Hour Phone Number: (916) 599-5577

EMMA Coordinator / PRIMARY Point of Contact Name: JACE HUGGINS

Position / Title: CHIEF ANIMAL CONTROL OFFICER Phone: (916) 599-5577

Alt Phone: ( ) -

Fax: ( ) - E-Mail: Jhuggins@cityofsacramento.org

Alternate Point of Contact (Optional):

Position / Title:

Phone: ( ) -

Alt Phone: ( ) -

Fax: ( ) - E-Mail:

**Providing Jurisdiction Authorization:** (The following signature of an authorized official of the Providing Jurisdiction indicates the Providing Jurisdiction has made a good-faith effort to ensure the potential EMMA resource(s) listed on this form is qualified to fulfill the corresponding request and is available for deployment. It is understood that this form does not constitute a contract with the Requesting Jurisdiction. Mutual aid extended under the EMMA Plan shall be without reimbursement unless otherwise expressly provided for in a separate pre/post-event agreement between the Requesting and Providing Jurisdictions. Such an agreement does not guarantee state or federal reimbursement.)

JACE HUGGINS CHIEF ANIMAL CONTROL OFFICER

Print Name and Title

Signature

**Potential EMMA Resource Information:**

☒ (For Requesting Jurisdiction only: Check this box to select EMMA resource for assignment.)

Name: CALYAN SONES

Cell Phone:

Alt Phone: (916) 541-5377

Email: @cityofsacramento.org

Available for the period specified above? ☒ Yes ☐ No

Able to perform the tasks described above? ☒ Yes ☐ No

Security Clearance (if applicable)? ☒ Yes ☐ No

Equipment needed for deployment as specified above is available? ☒ Yes ☐ No

Has been made aware of the expected working conditions? ☒ Yes ☐ No

Experience / EOC Position Credentials:

Current ACO w/ equipment & training

Special Skills / Certifications / Licenses:

Emergency Contact Name:

Relationship:

Cell Phone:

Alt Phone:

Additional Comments:

## EMMA FORM 4 - EXIT SURVEY

### EMMA System Evaluation

The information collected in this survey will be used during the after action review process to identify opportunities to strengthen the overall EMMA Plan. Please complete this form and return it to your requesting EMMA Coordinator and leave a copy with your assignment supervisor prior to departure.

#### Assignment Information:

Incident Name:

Assignment Location (EOC, Command Post, Field, etc.):

Position/Task:

Shift (Day / Night):

Assignment Dates:

Number of Shifts (In days, do not include travel):

#### A. Mobilization Process:

- Alert Notification ☐ Excellent ☐ Good ☒ Poor
- Recruitment ☐ Excellent ☐ Good ☒ Poor
- Assignment Briefing ☐ Excellent ☐ Good ☒ Poor
- Comments (Attach an additional page if necessary):

#### B. Assignment Support:

- Travel Arrangements ☐ Excellent ☒ Good ☐ Poor
- EOC In-processing ☐ Excellent ☒ Good ☐ Poor
- Deployment Support Kit ☐ Excellent ☐ Good ☒ Poor
- SOPs/Forms ☐ Excellent ☐ Good ☒ Poor
- Comments (Attach an additional page if necessary): ☐ N/A

#### C. Demobilization Process:

- EOC Out-processing ☐ Excellent ☐ Good ☒ Poor
- Personal Expense Reimbursement ☒ Excellent ☐ Good ☐ Poor
- Post-Assignment Debriefing ☐ Excellent ☐ Good ☒ Poor
- Overall Experience ☐ Excellent ☒ Good ☐ Poor
- Comments (Attach an additional page if necessary):

#### D. General Comments/Suggestions

# City of SACRAMENTO

Time Reported by Date by EmpID or Dept  
From 11/21/2018 to 12/14/2018  
From Department 21001011 to Department 21001441  
TRC - % and EmpID - 0018911

Sacpy07

DeptID	EmpID	Name	Date	TRC	Hours	Rate	Amount
21001421	0018911	Jones, Calyn	11/22/2018	HOL	8.00	30.64	245.14
21001421	0018911	Jones, Calyn	11/23/2018	HYE	8.00	30.64	245.14
21001421	0018911	Jones, Calyn	11/24/2018	OVS	6.00	30.64	183.85
21001421	0018911	Jones, Calyn	11/25/2018	OVS	0.50	30.64	15.32
21001421	0018911	Jones, Calyn	11/27/2018	OVS	0.75	30.64	22.98
21001421	0018911	Jones, Calyn	11/28/2018	OVS	1.00	30.64	30.64
21001421	0018911	Jones, Calyn	11/29/2018	OVS	9.00	30.64	275.78
21001421	0018911	Jones, Calyn	11/30/2018	OVS	17.00	30.64	520.92
21001421	0018911	Jones, Calyn	12/2/2018	OVS	1.00	30.64	30.64
21001421	0018911	Jones, Calyn	12/3/2018	OVS	1.00	30.64	30.64
21001421	0018911	Jones, Calyn	12/4/2018	OVS	0.50	30.64	15.32
21001421	0018911	Jones, Calyn	12/5/2018	OVS	0.75	30.64	22.98
21001421	0018911	Jones, Calyn	12/6/2018	OVS	0.75	30.64	22.98
21001421	0018911	Jones, Calyn	12/8/2018	OVS	2.00	30.64	61.28
21001421	0018911	Jones, Calyn	12/9/2018	OVS	0.50	30.64	15.32
21001421	0018911	Jones, Calyn	12/10/2018	OVS	1.50	30.64	45.96
21001421	0018911	Jones, Calyn	12/11/2018	OVS	0.50	30.64	15.32
21001421	0018911	Jones, Calyn	12/12/2018	OVS	1.00	30.64	30.64
21001421	0018911	Jones, Calyn	12/13/2018	OVS	1.00	30.64	30.64
21001421	0018911	Jones, Calyn	11/26/2018	REG	8.00	30.64	245.14
21001421	0018911	Jones, Calyn	12/1/2018	SB9	1.00	30.64	30.64
Totals for Jones, Calyn					190.75		2,137.29
Totals for Department - Animal Enforcement/Field Ser					190.75		2,137.29

OVT rate should be 1.5x

DEPARTMENT OF HOMELAND SECURITY  
FEDERAL EMERGENCY MANAGEMENT AGENCY  
**FORCE ACCOUNT LABOR SUMMARY RECORD**

O.M.B. No. 1660-0017  
Expires December 31, 2011

PAGE \_\_\_\_\_ OF \_\_\_\_\_

APPLICANT <u>Sacramento City Animal Control</u>	PA ID NO.	PROJECT NO.	OISASTER <u>Campfire</u>
LOCATION/SITE <u>Paradise, CA / Butte County</u>		CATEGORY	PERIOD COVERING <u>11/18/18 - 12/18/18</u>
DESCRIPTION OF WORK PERFORMED			

Reported to town of Paradise for field services. Information was filled out in greater detail and submitted to NVADG at that time. Specific start/end times are no longer available.

		DATES AND HOURS WORKED EACH WEEK							COSTS				
NAME	JOB TITLE	DATE	11/21	11/28	11/29				TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR	TOTAL HOURLY RATE	TOTAL COSTS
NAME		REG.											
Calvin Jones		O.T.	14	17	17				48	45.96			2206.08
Sr. Animal Control Officer		REG.											
NAME		O.T.											
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I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED <u>Calvin Jones</u>	TITLE <u>Sr. Animal Control Officer</u>	DATE <u>2/27/19</u>
----------------------------------	--	------------------------



## ACTIVITY LOG (ICS 214)

[illegible]

## EMMA FORM 5 - INDIVIDUAL DEMOBILIZATION CHECKOUT

1. Incident Name/Number <b>CAMP FIRE</b>		2. Date/Time (Of Release Notification) <b>12/10/18 1800</b>	3. Arrival Date/Time <b>12/6/18 0700</b>
4. Name of Released <b>Brittany Ridge</b>		5. Position of Released <b>Animal Control Officer</b>	
(Returning via Airline Name & Flight Number, POV...)			
6. Transportation Type <b>N/A</b>			
7. Actual Release Date/Time		8. MRT# (RIMS Mission Tasking Number)	
9. Destination (Location Agreed Upon)  <b>/</b>		10. Notified: Agency { } Region { } Area { } Dispatch { } (check one, list information below) Name:  Time:  Date:	
11. Cell Phone or Emergency Contact #			
12. EMMA Coordinator Name (Providing Jurisdiction) <b>SUC OES / Cindy Machado</b>			
13. Unit/Personnel			
You have been released subject to sign off from the following: (Demobilization Unit Leader check the appropriate box)			
Logistics Section		Comment and Sign Off	
<input type="checkbox"/> EMMA Coordinator	EMMA Form 3 - Voluntary Performance Rating Copy Provided? Y N		
<input type="checkbox"/> Supply Unit	EMMA Form 4 - Exit Survey Provided? Y N		
<input type="checkbox"/> Communications Unit			
<input type="checkbox"/> Facilities Unit			
<input checked="" type="checkbox"/> Ground Support Unit	<b>field support ICS</b>		
Plans/Intel Section		Comment and Sign Off	
<input type="checkbox"/> Documentation Unit			
Finance/Admin Section		Comment and Sign Off	
<input type="checkbox"/> Time Unit			
Other		Comment and Sign Off	
<input type="checkbox"/>			
<input type="checkbox"/>			
14. Remarks  <b>No one was actually doing Demob paperwork</b>			
15. Prepared by (include Date and Time) <b>J. Huggins 2-27</b>			

**EMMA FORM 1- RESOURCE REQUEST  
& ASSIGNMENT**

(Rev. 2/27/13)

Part A of this form must be attached to a RIMS Mission Request when the request is submitted. Part B must be attached to the RIMS Mission Request when an EMMA resource has been selected for assignment. The RIMS Mission Request may only be approved and a Mission # made available after Parts A and B are completed and attached.

Request #: (Generated by Requesting Jurisdiction to match Parts A and B.)

Animal CARE

Incident Name: Camp Fire

Request Date / Time: multiple

Approved RIMS Mission #:

(May only be generated after EMMA resource has been selected for assignment.)

**PART B (To be completed by Providing Jurisdiction)**

Providing Jurisdiction Name: City of Sacramento

24 Hour Phone Number: (916) 599-5377

EMMA Coordinator / PRIMARY Point of Contact Name: JACE HUGGINS

Position / Title: CHIEF ANIMAL CONTROL OFFICER Phone: (916) 599-5377

Alt Phone: ( ) -

Fax: ( ) - E-Mail: Jhuggins@cityofsacramento.org

Alternate Point of Contact (Optional):

Position / Title:

Phone: ( ) -

Alt Phone: ( ) -

Fax: ( ) - E-Mail:

**Providing Jurisdiction Authorization:** (The following signature of an authorized official of the Providing Jurisdiction indicates the Providing Jurisdiction has made a good-faith effort to ensure the potential EMMA resource(s) listed on this form is qualified to fulfill the corresponding request and is available for deployment. It is understood that this form does not constitute a contract with the Requesting Jurisdiction. Mutual aid extended under the EMMA Plan shall be without reimbursement unless otherwise expressly provided for in a separate pre/post-event agreement between the Requesting and Providing Jurisdictions. Such an agreement does not guarantee state or federal reimbursement.)

JACE HUGGINS CHIEF ANIMAL CONTROL OFFICER

Print Name and Title

Signature

**Potential EMMA Resource Information:**

☒ (For Requesting Jurisdiction only: Check this box to select EMMA resource for assignment.)

Name: Brittany Ridge

Cell Phone: ( ) -

Alt Phone: (916) 599-5377

Email: bridge@cityofsacramento.org

Available for the period specified above? ☒ Yes ☐ No

Able to perform the tasks described above?

☒ Yes☐ No

Security Clearance (If applicable)?

☒ Yes ☐ No

Equipment needed for deployment as specified above is available?

☒ Yes☐ No

Has been made aware of the expected working conditions?

☒ Yes☐ No

Experience / EOC Position Credentials:

Current Animal Care equipment &amp; training

Special Skills / Certifications / Licenses:

Large Animal experience

Emergency Contact Name:

Relationship:

Cell Phone:

Alt Phone:

( ) - ( ) -

Additional Comments:

# City of SACRAMENTO

Time Reported by Date by EmplID or Dept  
From 11/21/2018 to 12/14/2018  
From Department 21001011 to Department 21001441  
TRC - % and EmplID - 0017647

Sacpy07

DeptID	EmplID	Name	Date	TRC	Hours	Rate	Amount
21001431	0017647	Ridge,Brittney	11/22/2018	HYE	8.00	18.81	150.46
21001431	0017647	Ridge,Brittney	11/23/2018	HYE	8.00	18.81	150.46
21001431	0017647	Ridge,Brittney	12/6/2018	OVT	10.00	18.81	188.07
21001431	0017647	Ridge,Brittney	12/13/2018	OVT	10.00	18.81	188.07
21001431	0017647	Ridge,Brittney	12/14/2018	OVT	5.00	18.81	94.04
21001431	0017647	Ridge,Brittney	11/21/2018	REG	10.00	18.81	188.07
21001431	0017647	Ridge,Brittney	11/25/2018	REG	10.00	18.81	188.07
21001431	0017647	Ridge,Brittney	11/26/2018	REG	10.00	18.81	188.07
21001431	0017647	Ridge,Brittney	11/27/2018	REG	10.00	18.81	188.07
21001431	0017647	Ridge,Brittney	11/28/2018	REG	10.00	18.81	188.07
21001431	0017647	Ridge,Brittney	12/2/2018	REG	10.00	18.81	188.07
21001431	0017647	Ridge,Brittney	12/3/2018	REG	10.00	18.81	188.07
21001431	0017647	Ridge,Brittney	12/4/2018	REG	10.00	18.81	188.07
21001431	0017647	Ridge,Brittney	12/5/2018	REG	10.00	18.81	188.07
21001431	0017647	Ridge,Brittney	12/9/2018	REG	10.00	18.81	188.07
21001431	0017647	Ridge,Brittney	12/10/2018	REG	10.00	18.81	188.07
21001431	0017647	Ridge,Brittney	12/11/2018	REG	10.00	18.81	188.07
21001431	0017647	Ridge,Brittney	12/12/2018	REG	10.00	18.81	188.07
Totals for Ridge,Brittney					176.00		3,216.03
Totals for Department - Animal Care/Shelter					176.00		3,216.03

OVT Rate should be 1.5x

O.M.B. No. 1660-0017  
Expires December 31, 2011

PAGE OF

**APPLICANT**

LOCATION/SITE  
Sacramento City Animal Control

PROJECT NO.

## DISASTER

LOCATION/SITE

Paradise, CA / Butte County

CATEGORY	NUMBER OF STUDENTS	PERCENTAGE OF STUDENTS
1. <i>Very good</i>	10	10.0%
2. <i>Good</i>	20	20.0%
3. <i>Not good</i>	10	10.0%
4. <i>Very poor</i>	10	10.0%
5. <i>Don't know</i>	10	10.0%
6. <i>Other</i>	10	10.0%
7. <i>Not answered</i>	10	10.0%
8. <i>Other</i>	10	10.0%
9. <i>Not answered</i>	10	10.0%
10. <i>Other</i>	10	10.0%
11. <i>Not answered</i>	10	10.0%
12. <i>Other</i>	10	10.0%
13. <i>Not answered</i>	10	10.0%
14. <i>Other</i>	10	10.0%
15. <i>Not answered</i>	10	10.0%
16. <i>Other</i>	10	10.0%
17. <i>Not answered</i>	10	10.0%
18. <i>Other</i>	10	10.0%
19. <i>Not answered</i>	10	10.0%
20. <i>Other</i>	10	10.0%
21. <i>Not answered</i>	10	10.0%
22. <i>Other</i>	10	10.0%
23. <i>Not answered</i>	10	10.0%
24. <i>Other</i>	10	10.0%
25. <i>Not answered</i>	10	10.0%
26. <i>Other</i>	10	10.0%
27. <i>Not answered</i>	10	10.0%
28. <i>Other</i>	10	10.0%
29. <i>Not answered</i>	10	10.0%
30. <i>Other</i>	10	10.0%
31. <i>Not answered</i>	10	10.0%
32. <i>Other</i>	10	10.0%
33. <i>Not answered</i>	10	10.0%
34. <i>Other</i>	10	10.0%
35. <i>Not answered</i>	10	10.0%
36. <i>Other</i>	10	10.0%
37. <i>Not answered</i>	10	10.0%
38. <i>Other</i>	10	10.0%
39. <i>Not answered</i>	10	10.0%
40. <i>Other</i>	10	10.0%
41. <i>Not answered</i>	10	10.0%
42. <i>Other</i>	10	10.0%
43. <i>Not answered</i>	10	10.0%
44. <i>Other</i>	10	10.0%
45. <i>Not answered</i>	10	10.0%
46. <i>Other</i>	10	10.0%
47. <i>Not answered</i>	10	10.0%
48. <i>Other</i>	10	10.0%
49. <i>Not answered</i>	10	10.0%
50. <i>Other</i>	10	10.0%
51. <i>Not answered</i>	10	10.0%
52. <i>Other</i>	10	10.0%
53. <i>Not answered</i>	10	10.0%
54. <i>Other</i>	10	10.0%
55. <i>Not answered</i>	10	10.0%
56. <i>Other</i>	10	10.0%
57. <i>Not answered</i>	10	10.0%
58. <i>Other</i>	10	10.0%
59. <i>Not answered</i>	10	10.0%
60. <i>Other</i>	10	10.0%
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65. <i>Not answered</i>	10	10.0%
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78. <i>Other</i>	10	10.0%
79. <i>Not answered</i>	10	10.0%
80. <i>Other</i>	10	10.0%
81. <i>Not answered</i>	10	10.0%
82. <i>Other</i>	10	10.0%
83. <i>Not answered</i>	10	10.0%
84. <i>Other</i>	10	10.0%
85. <i>Not answered</i>	10	10.0%
86. <i>Other</i>	10	10.0%
87. <i>Not answered</i>	10	10.0%
88. <i>Other</i>	10	10.0%
89. <i>Not answered</i>	10	10.0%
90. <i>Other</i>	10	10.0%
91. <i>Not answered</i>	10	10.0%
92. <i>Other</i>	10	10.0%
93. <i>Not answered</i>	10	10.0%
94. <i>Other</i>	10	10.0%
95. <i>Not answered</i>	10	10.0%
96. <i>Other</i>	10	10.0%
97. <i>Not answered</i>	10	10.0%
98. <i>Other</i>	10	10.0%
99. <i>Not answered</i>	10	10.0%
100. <i>Other</i>	10	10.0%

PERIOD COVERING

### DESCRIPTION OF WORK PERFORMED

Reported to town of Paradise for field services. Information was filed at in greater detail and submitted to NVADG at that time. Specific start/end times are no longer available.

[illegible]

TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME

TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME

I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

**CERTIFIED**

TITLE Sv. Animal Control - Aff. Cev

DATE \_\_\_\_\_

DATE 2/27/19

## ACTIVITY LOG (ICS 214)

[illegible]

## EMMA FORM 5 - INDIVIDUAL DEMOBILIZATION CHECKOUT

1. Incident Name/Number <b>CAMP FIRE</b>		2. Date/Time (Of Release Notification) <b>11/25/18 2000 hrs</b>	3. Arrival Date/Time <b>11/26/18 800</b>
4. Name of Released <b>Lisa Johnson</b>		5. Position of Released <b>Animal Control Officer</b>	
(Returning via Airline Name & Flight Number, POV...)			
6. Transportation Type <b>N/A</b>			
7. Actual Release Date/Time		8. MRT # (RIMS Mission Tasking Number)	
9. Destination (Location Agreed Upon)  <b>/</b>		10. Notified: Agency { } Region { } Area { } Dispatch { } (check one, list information below) Name: Time: Date:	
11. Cell Phone or Emergency Contact #			
12. EMMA Coordinator Name (Providing Jurisdiction) <b>SAC OES / Candy Macitano</b>			
13. Unit/Personnel			
You have been released subject to sign off from the following: (Demobilization Unit Leader check the appropriate box)			
Logistics Section		Comment and Sign Off	
<input type="checkbox"/> EMMA Coordinator	EMMA Form 3 - Voluntary Performance Rating Copy Provided? Y N		
<input type="checkbox"/> Supply Unit	EMMA Form 4 - Exit Survey Provided? Y N		
<input type="checkbox"/> Communications Unit			
<input type="checkbox"/> Facilities Unit			
<input checked="" type="checkbox"/> Ground Support Unit	<b>Field support ICS</b>		
Plans/Intel Section		Comment and Sign Off	
<input type="checkbox"/> Documentation Unit			
Finance/Admin Section		Comment and Sign Off	
<input type="checkbox"/> Time Unit			
Other		Comment and Sign Off	
<input type="checkbox"/>			
<input type="checkbox"/>			
14. Remarks  <b>No one was actually doing Demob paperwork</b>			
15. Prepared by (Include Date and Time) <b>J. Huggins 2-27</b>			

**EMMA FORM 1- RESOURCE REQUEST  
& ASSIGNMENT**

(Rev. 2/27/13)

Part A of this form must be attached to a RIMS Mission Request when the request is submitted. Part B must be attached to the RIMS Mission Request when an EMMA resource has been selected for assignment. The RIMS Mission Request may only be approved and a Mission # made available after Parts A and B are completed and attached.

**Request #:** (Generated by Requesting Jurisdiction to match Parts A and B.)

**Incident Name:**

**Request Date / Time:** /

**Approved RIMS Mission #:**  
(May only be generated after EMMA resource has been selected for assignment.)

**PART B (To be completed by Providing Jurisdiction)**

**Providing Jurisdiction Name:** City of Sacramento

**24 Hour Phone Number:** (916) 544-5577

**EMMA Coordinator / PRIMARY Point of Contact Name:** JACE HUGGINS

**Position / Title:** CHIEF ANIMAL CONTROL OFFICER **Phone:** (916) 544-5577

**Alt Phone:** ( ) -

**Fax:** ( ) - **E-Mail:** Jhuggins@cityofsacramento.org

**Alternate Point of Contact (Optional):**

**Position / Title:**

**Phone:** ( ) -

**Alt Phone:** ( ) -

**Fax:** ( ) - **E-Mail:**

**Providing Jurisdiction Authorization:** (The following signature of an authorized official of the Providing Jurisdiction indicates the Providing Jurisdiction has made a good-faith effort to ensure the potential EMMA resource(s) listed on this form is qualified to fulfill the corresponding request and is available for deployment. It is understood that this form does not constitute a contract with the Requesting Jurisdiction. Mutual aid extended under the EMMA Plan shall be without reimbursement unless otherwise expressly provided for in a separate pre/post-event agreement between the Requesting and Providing Jurisdictions. Such an agreement does not guarantee state or federal reimbursement.)

JACE HUGGINS CHIEF ANIMAL CONTROL OFFICER

Print Name and Title

Signature

**Potential EMMA Resource Information:**

☒ (For Requesting Jurisdiction only: Check this box to select EMMA resource for assignment.)

**Name:** Lisa Johnson

**Cell Phone:** ( ) -

**Alt Phone:** (916) 544-5577

**Email:** LJohnson@cityofsacramento.org

**Available for the period specified above?** ☒ Yes ☐ No

**Able to perform the tasks described above?** ☒ Yes ☐ No

**Security Clearance (If applicable)?** ☒ Yes ☐ No

**Equipment needed for deployment as specified above is available?** ☒ Yes ☐ No

**Has been made aware of the expected working conditions?** ☒ Yes ☐ No

**Experience / EOC Position Credentials:**

Current Animal equipment & training & prior shelter mgr

**Special Skills / Certifications / Licenses:**

**Emergency Contact Name:**

**Relationship:**

**Cell Phone:**

**Alt Phone:**

( ) - ( ) -

**Additional Comments:**



# City of SACRAMENTO

Time Reported by Date by EmplID or Dept  
From 11/21/2018 to 12/14/2018  
From Department 21001011 to Department 21001441  
TRC - % and EmplID - 0012430

Sacpy07

DeptID	EmplID	Name	Date	TRC	Hours	Rate	Amount
21001431	0012430	Johnson, Lisa M.	11/22/2018	HVE	8.00	22.91	183.32
21001431	0012430	Johnson, Lisa M.	11/23/2018	HVE	8.00	22.91	183.32
21001431	0012430	Johnson, Lisa M.	11/30/2018	OVT	6.00	22.91	137.49
21001431	0012430	Johnson, Lisa M.	12/7/2018	OVT	6.00	22.91	137.49
21001431	0012430	Johnson, Lisa M.	12/13/2018	OVT	3.00	22.91	68.74
21001431	0012430	Johnson, Lisa M.	12/14/2018	OVT	2.00	22.91	45.83
21001431	0012430	Johnson, Lisa M.	11/25/2018	REG	10.00	22.91	229.15
21001431	0012430	Johnson, Lisa M.	11/26/2018	REG	10.00	22.91	229.15
21001431	0012430	Johnson, Lisa M.	11/27/2018	REG	10.00	22.91	229.15
21001431	0012430	Johnson, Lisa M.	12/2/2018	REG	10.00	22.91	229.15
21001431	0012430	Johnson, Lisa M.	12/3/2018	REG	10.00	22.91	229.15
21001431	0012430	Johnson, Lisa M.	12/4/2018	REG	10.00	22.91	229.15
21001431	0012430	Johnson, Lisa M.	12/5/2018	REG	10.00	22.91	229.15
21001431	0012430	Johnson, Lisa M.	12/9/2018	REG	10.00	22.91	229.15
21001431	0012430	Johnson, Lisa M.	12/10/2018	REG	10.00	22.91	229.15
21001431	0012430	Johnson, Lisa M.	12/11/2018	SIKAM	10.00	22.91	229.15
21001431	0012430	Johnson, Lisa M.	12/12/2018	SIKAM	10.00	22.91	229.15
21001431	0012430	Johnson, Lisa M.	11/21/2018	VACAM	10.00	22.91	229.15
21001431	0012430	Johnson, Lisa M.	11/28/2018	VACAM	10.00	22.91	229.15
Totals for Johnson, Lisa M.					169.00		3,735.10
Totals for Department - Animal Care/Shelter					169.00		3,735.10

OVT Rate should be 1.5x

DEPARTMENT OF HOMELAND SECURITY  
FEDERAL EMERGENCY MANAGEMENT AGENCY  
**FORCE ACCOUNT LABOR SUMMARY RECORD**

O.M.B. No. 1660-0017  
Expires December 31, 2011

PAGE \_\_\_\_\_ OF \_\_\_\_\_

APPLICANT <b>Sacramento City Animal Control</b>	PA ID NO.	PROJECT NO.	DISASTER <b>Camp Fire</b>
LOCATION/SITE <b>Paradise, CA / Butte County</b>		CATEGORY	PERIOD COVERING <b>11/18/18 - 12/18/18</b>
DESCRIPTION OF WORK PERFORMED			

Reported to town of Paradise for field services. Information was filed at in greater detail and submitted to NVADG at that time. Specific start/end times are no longer available.

NAME		DATES AND HOURS WORKED EACH WEEK							COSTS				
JOB TITLE	DATE	11/26	11/27	11/28					TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR	TOTAL HOURLY RATE	TOTAL COSTS
NAME Lisa Townsend	REG.												
JOB TITLE Animal Care Technician	O.T.	10	10	10					30	341.30			10309.50
NAME	REG.												
JOB TITLE	O.T.												
NAME	REG.												
JOB TITLE	O.T.												
NAME	REG.												
JOB TITLE	O.T.												

TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME	\$ _____
TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME	\$ 10309.50

I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED <i>[Signature]</i>	TITLE <b>Sr. Animal Control Officer</b>	DATE <b>2/27/19</b>
---------------------------------	--	------------------------

## ACTIVITY LOG (ICS 214)

<b>1. Incident Name:</b> Campfire		<b>2. Operational Period:</b>		Date From: 11/26 Time From: HHMM	Date To: 11/30 Time To: HHMM
<b>3. Name:</b> John Sorrels		<b>4. ICS Position:</b> Animal Control officer		<b>5. Home Agency (and Unit):</b> City of Sacramento Animal Control	
<b>6. Resources Assigned:</b>					
Name	ICS Position		Home Agency (and Unit)		
Nat Guard	3 soldiers				
<b>7. Activity Log:</b>					
Date/Time	Notable Activities				
	Responded to Field services requests for evacuation or shelter in place of Animals. All info was filled out on dates of service, so precise times and resources assigned are no longer available.				
11/26/18 to 11/30/18	Same each day				
	0800 Arrive @ Richter & Attend Briefing				
	0900 receive SIPS assignments for Day				
	1800 return from field to Debrief, complete notes				
	↓				
	2000 leave for night				
<b>8. Prepared by:</b> Name: C Fensch      Position/Title: Sr. Animal Control Officer      Signature: [Signature]      Date/Time: Date 2/27/19					

**EMMA FORM 1- RESOURCE REQUEST  
& ASSIGNMENT**

(Rev. 2/27/13)

Part A of this form must be attached to a RIMS Mission Request when the request is submitted. Part B must be attached to the RIMS Mission Request when an EMMA resource has been selected for assignment. The RIMS Mission Request may only be approved and a Mission # made available after Parts A and B are completed and attached.

**Request #:** (Generated by Requesting Jurisdiction to match Parts A and B.)

*Animal Field Services*

**Incident Name:** *Camp Fire*

**Request Date / Time:** *multiple*

**Approved RIMS Mission #:**

(May only be generated after EMMA resource has been selected for assignment.)

**PART B (To be completed by Providing Jurisdiction)**

**Providing Jurisdiction Name:** *City of Sacramento*

**24 Hour Phone Number:** *(916) 599-5577*

**EMMA Coordinator / PRIMARY Point of Contact Name:** *JACE HUGGINS*

**Position / Title:** *CHIEF ANIMAL CONTROL OFFICER* **Phone:** *(916) 599-5577*

**Alt Phone:** ( ) - ( )

**Fax:** ( ) - **E-Mail:** *Jhuggins@cityofsacramento.org*

**Alternate Point of Contact (Optional):**

**Position / Title:**

**Phone:** ( ) - ( )

**Alt Phone:** ( ) - ( )

**Fax:** ( ) - **E-Mail:**

**Providing Jurisdiction Authorization:** (The following signature of an authorized official of the Providing Jurisdiction indicates the Providing Jurisdiction has made a good-faith effort to ensure the potential EMMA resource(s) listed on this form is qualified to fulfill the corresponding request and is available for deployment. It is understood that this form does not constitute a contract with the Requesting Jurisdiction. Mutual aid extended under the EMMA Plan shall be without reimbursement unless otherwise expressly provided for in a separate pre/post-event agreement between the Requesting and Providing Jurisdictions. Such an agreement does not guarantee state or federal reimbursement.)

*JACE HUGGINS CHIEF ANIMAL CONTROL OFFICER*

Print Name and Title

Signature

**Potential EMMA Resource Information:**

☒ (For Requesting Jurisdiction only: Check this box to select EMMA resource for assignment.)

**Name:** *John Sorrels*

**Cell Phone:** ( ) - ( )

**Alt Phone:** *(916) 599-5577*

**Email:** *jsorrels@cityofsacramento.org*

**Available for the period specified above?**

☒ Yes ☐ No

**Able to perform the tasks described above?**

☒ Yes

☐ No

**Security Clearance (if applicable)?**

☒ Yes

☐ No

**Equipment needed for deployment as specified above is available?**

☒ Yes

☐ No

**Has been made aware of the expected working conditions?**

☒ Yes

☐ No

**Experience / EOC Position Credentials:**

*Current ACO w/ equipment & training*

**Special Skills / Certifications / Licenses:**

**Emergency Contact Name:**

**Relationship:**

**Cell Phone:**

**Alt Phone:**

( ) - ( )

**Additional Comments:**

# City of SACRAMENTO

Time Reported by Date by EmplID or Dept  
From 11/21/2018 to 12/14/2018  
From Department 21001011 to Department 21001441  
TRC - % and EmplID - 0006375

Sacpy07

DeptID	EmplID	Name	Date	TRC	Hours	Rate	Amount
21001314	0006375	Sorrels, John Lee	11/22/2018	HOL	8.00	33.19	265.50
21001314	0006375	Sorrels, John Lee	11/23/2018	HOL	8.00	33.19	265.50
21001314	0006375	Sorrels, John Lee	11/26/2018	OVT	3.50	33.19	116.16
21001314	0006375	Sorrels, John Lee	11/27/2018	OVT	6.00	33.19	199.13
21001314	0006375	Sorrels, John Lee	11/28/2018	OVT	3.50	33.19	116.16
21001314	0006375	Sorrels, John Lee	11/29/2018	OVT	1.50	33.19	49.78
21001314	0006375	Sorrels, John Lee	11/30/2018	OVT	4.00	33.19	132.75
21001314	0006375	Sorrels, John Lee	11/21/2018	REG	8.00	33.19	265.50
21001314	0006375	Sorrels, John Lee	12/3/2018	REG	8.00	33.19	265.50
21001314	0006375	Sorrels, John Lee	12/4/2018	REG	8.00	33.19	265.50
21001314	0006375	Sorrels, John Lee	12/5/2018	REG	8.00	33.19	265.50
21001314	0006375	Sorrels, John Lee	12/6/2018	REG	8.00	33.19	265.50
21001314	0006375	Sorrels, John Lee	12/7/2018	REG	8.00	33.19	265.50
21001314	0006375	Sorrels, John Lee	12/10/2018	REG	8.00	33.19	265.50
21001314	0006375	Sorrels, John Lee	12/11/2018	REG	8.00	33.19	265.50
21001314	0006375	Sorrels, John Lee	12/12/2018	REG	8.00	33.19	265.50
21001314	0006375	Sorrels, John Lee	12/13/2018	REG	8.00	33.19	265.50
21001314	0006375	Sorrels, John Lee	12/14/2018	REG	8.00	33.19	265.50
Totals for Sorrels, John Lee					162.50		4,065.52
Totals for Department - Business Compliance					162.50		4,065.52

OVT Rate should be 1.5x

O.M.B. No. 1660-0017  
Expires December 31, 2011

O.M.B. No. 1560-0017  
Expires December 31, 2011

## DISASTER

# DISASTER Camp Five

COMPIRE	PERIOD COVERING	11/18/18 - 12/18/18
---------	-----------------	---------------------

Reported to town of Paradise for field services. Information was filed at in greater detail and submitted to NVADG at that time. Specific start/end times are no longer available.

TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME	\$	
TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME	\$	1891.41

DATE \_\_\_\_\_

## ACTIVITY LOG (ICS 214)

[illegible]

**EMMA FORM 5 - INDIVIDUAL DEMOBILIZATION CHECKOUT**

1. Incident Name/Number:

Camp Fire

2. Date/Time (Of Release Notification)

11/21/2018 1830

3. Arrival Date/Time

11/21/2018 0700

4. Name of Released

Allison Nielson

5. Position of Released

Shelter Aide

(Returning via Airline Name &amp; Flight Number, POV...)

6. Transportation Type: City vehicle

7. Actual Release Date/Time

11/21/2018 1830

8. MRT # Camp Fire

(RIMS Mission Tasking Number)

9. Destination (Location Agreed Upon)

EOC, then to Chico Airport Shelter

10. Notified: Agency { } Region { } Area { } Dispatch { }  
(check one, list information below)

Name:

Time:

Date:

11. Cell Phone or Emergency Contact #

12. EMMA Coordinator Name (Providing Jurisdiction) City of Sacramento

13. Unit/Personnel

You have been released subject to sign off from the following:

(Demobilization Unit Leader check the appropriate box)

Logistics Section

Comment and Sign Off

{ } EMMA Coordinator

EMMA Form 3 - Voluntary Performance Rating Copy Provided? Y N  
EMMA Form 4 - Exit Survey Provided? Y N

{ } Supply Unit

{ } Communications Unit

{ } Facilities Unit

{ } Ground Support Unit

Plans/Intel Section

Comment and Sign Off

{ } Documentation Unit

Finance/Admin Section

Comment and Sign Off

{ } Time Unit

Other

Comment and Sign Off

{ }

{ }

14. Remarks

There was no official demobilization checkout procedure performed with me, I was just advised by Shelter Lead that I could leave

15. Prepared by (include Date and Time) Allison Nielson, 2/14/2019, 1155



## EMMA FORM 4 - EXIT SURVEY

### EMMA System Evaluation

The information collected in this survey will be used during the after action review process to identify opportunities to strengthen the overall EMMA Plan. Please complete this form and return it to your requesting EMMA Coordinator and leave a copy with your assignment supervisor prior to departure.

#### Assignment Information:

**Incident Name:** Camp Fire

**Assignment Location (EOC, Command Post, Field, etc.):** Chico Airport

**Position/Task:** Shelter Aide

**Shift (Day / Night):** Day

**Assignment Dates:** 11/21/2018

**Number of Shifts (In days, do not include travel):** 1

#### **A. Mobilization Process:**

- Alert Notification ☐ Excellent ☐ Good ☒ Poor
- Recruitment ☐ Excellent ☐ Good ☒ Poor
- Assignment Briefing ☐ Excellent ☐ Good ☒ Poor
- Comments (Attach an additional page if necessary):

#### **B. Assignment Support:**

- Travel Arrangements ☐ Excellent ☐ Good ☒ Poor
- EOC In-processing ☐ Excellent ☐ Good ☒ Poor
- Deployment Support Kit ☐ Excellent ☐ Good ☒ Poor
- SOPs/Forms ☐ Excellent ☐ Good ☒ Poor
- Comments (Attach an additional page if necessary):

☐ N/A

#### **C. Demobilization Process:**

- EOC Out-processing ☐ Excellent ☐ Good ☒ Poor
- Personal Expense Reimbursement ☐ Excellent ☐ Good ☒ Poor
- Post-Assignment Debriefing ☐ Excellent ☐ Good ☒ Poor
- Overall Experience ☐ Excellent ☐ Good ☒ Poor
- Comments (Attach an additional page if necessary):

#### **D. General Comments/Suggestions**

I only attended for one day as my skills and knowledge were extremely underutilized. I am a shelter manager and prior animal control officer. A shelter manager was requested and when I arrived I was instructed to fall in line and do as I was told. I was asked to head to the Chico Airport shelter where I was instructed to clean and box up cats for the duration of the day. I do not feel that I am better than anything and as such did whatever I could to help, but I feel I was not utilized in the most effective manner. Communication was also very limited and upon release was just told that I could leave.

## EMMA FORM 5 - INDIVIDUAL DEMOBILIZATION CHECKOUT

1. Incident Name/Number <i>Paradise Camp fire</i>		2. Date/Time (Of Release Notification) <i>11/21 + 11/29-30</i>	3. Arrival Date/Time <i>0700</i>
4. Name of Released <i>Catlyn Jones</i>		5. Position of Released <i>Animal control officer</i>	
(Returning Via Airline Name & Flight Number, POV...)			
6. Transportation Type <i>Drove City vehicle</i>			
7. Actual Release Date/Time <i>11/21, 1830 + 11/30, 1830hr</i>		8. MRT # (RIMS Mission Tasking Number)	
9. Destination (Location Agreed Upon) <i>EOC → Chico Airport</i> <i>2800 Richter Field services</i>		10. Notified: Agency { } Region { } Area { } Dispatch { } (check one, list information below) Name: Time: Date:	
11. Cell Phone or Emergency Contact #			
12. EMMA Coordinator Name (Providing Jurisdiction) <i>City of Sacramento Animal Control</i>			
13. Unit/Personnel			
You have been released subject to sign off from the following: (Demobilization Unit Leader check the appropriate box)			
Logistics Section		Comment and Sign Off	
{ } EMMA Coordinator	EMMA Form 3 - Voluntary Performance Rating Copy Provided? Y N EMMA Form 4 - Exit Survey Provided? <input checked="" type="checkbox"/> N		
{ } Supply Unit			
{ } Communications Unit			
{x} Facilities Unit			
{x} Ground Support Unit			
Plans/Intel Section		Comment and Sign Off	
{ } Documentation Unit			
Finance/Admin Section		Comment and Sign Off	
{ } Time Unit			
Other		Comment and Sign Off	
{ }			
{ }			
14. Remarks <i>For Chico Airport on 11/21, I checked in at the EOC and was deployed to be the airport to clean cat kennels and box /assist with transport. I did not receive instructions to do any official checks at prior to leaving.</i> <i>For field services, I checked in at 2800 Richter in the morning on 11/29 and when leaving on 11/30 in the evening, was checked at by Chief Jace Huggins and Dispatch unit.</i>			
15. Prepared by (Include Date and Time)			

## EMMA FORM 4 - EXIT SURVEY

### EMMA System Evaluation

The information collected in this survey will be used during the after action review process to identify opportunities to strengthen the overall EMMA Plan. Please complete this form and return it to your requesting EMMA Coordinator and leave a copy with your assignment supervisor prior to departure.

#### Assignment Information:

Incident Name: *Campfire - Paradise*

Assignment Location (EOC, Command Post, Field, etc.): *Field + Chico Airport*

Position/Task: *Chico Airport - Vehicle clearing + transport, Field → Field response*

Shift (Day / Night): *Day*

Assignment Dates: *11/21, and 11/24 - 11/30*

Number of Shifts (In days, do not include travel): *3*

#### A. Mobilization Process:

- |                       |                                    |  |  |
|-----------------------|------------------------------------|--|--|
| • Alert Notification  | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good            | <input checked="" type="checkbox"/> Poor |
| • Recruitment         | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good            | <input checked="" type="checkbox"/> Poor |
| • Assignment Briefing | <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Poor            |

• Comments (Attach an additional page if necessary):

*News of the wildfire was spread by news stations. our department and others sent staff into advising we could help but received no reply for weeks.*

#### B. Assignment Support:

- |                          |                                    |  |                               |
|--------------------------|------------------------------------|--|-------------------------------|
| • Travel Arrangements    | <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Poor |
| • EOC In-processing      | <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Poor |
| • Deployment Support Kit | <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Poor |
| • SOPs/Forms             | <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Poor |

☒ N/A

• Comments (Attach an additional page if necessary):

*Very disorganized at first but changes were slowly made to improve - different methods of documenting animals*

#### C. Demobilization Process:

- |                                  |                                    |  |                               |
|----------------------------------|------------------------------------|--|-------------------------------|
| • EOC Out-processing             | <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Poor |
| • Personal Expense Reimbursement | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good            | <input type="checkbox"/> Poor |
| • Post-Assignment Debriefing     | <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Poor |
| • Overall Experience             | <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Poor |

• Comments (Attach an additional page if necessary):

#### D. General Comments/Suggestions

**EMMA FORM 5 - INDIVIDUAL DEMOBILIZATION CHECKOUT**

1. Incident Name/Number <b>Campfire</b>	2. Date/Time (Df Release Notification)	3. Arrival Date/Time <b>11-25-18 0800</b>
--	--	--

4. Name of Released <b>Leese Johnson</b>	5. Position of Released <b>Animal Care Technician</b>
---	--

(Returning via Airline Name &amp; Flight Number, PDV...)

6. Transportation Type **Personal Vehicle**7. Actual Release Date/Time  
**11-27-18 1800**8. MRT #  
(RIMS Mission Tasking Number) **Camp Fire**9. Destination (Location Agreed Upon)  
**Butte**10. Notified: Agency { } Region { } Area { } Dispatch { }  
(check one, list information below)

Name:

Time:

Date:

11. Cell Phone or Emergency Contact #

12. EMMA Coordinator Name (Providing Jurisdiction)

**13. Unit/Personnel**

You have been released subject to sign off from the following:

(Demobilization Unit Leader check the appropriate box)

**Logistics Section****Comment and Sign Off**

{ } EMMA Coordinator

EMMA Form 3 - Voluntary Performance Rating Copy Provided? Y N

EMMA Form 4 - Exit Survey Provided? Y N

{ } Supply Unit

{ } Communications Unit

{ } Facilities Unit

{ } Ground Support Unit

**Plans/Intel Section****Comment and Sign Off**

{ } Documentation Unit

**Finance/Admin Section****Comment and Sign Off**

{ } Time Unit

**Other****Comment and Sign Off**

{ }

{ }

14. Remarks

15. Prepared by (include Date and Time)

## ACTIVITY LOG (ICS 214)

[illegible]

# EMMA

Incident: Master View - 2018 November Statewide Wildfires

[Back](#)

[Add Response](#)

[Print](#) [PDF](#)

## EMMA Form 1A - EMMA RESOURCE REQUEST

### TO BE COMPLETED BY REQUESTING JURISDICTION

Submit completed and signed form to next SEMS level EMMA Coordinator. A corresponding RIMS Mission Request must also be submitted in order for this request to be processed. If RIMS access is not available, the appropriate EMMA Coordinator may create the RIMS Mission Request on the requestor's behalf.

Request #: 3551

Incident Name: 2018 November Wildfires

Request Date / Time: 11/14/2018 19:16:00

Approved Mission / Tracking  
#:

### Requesting Jurisdiction Information

Requesting Jurisdiction  
Name: Butte County

24 Hours Phone Number: 530-538-4309

EMMA Coordinator / Primary  
Point of Contact: Logistics Section Chief

Position / Title: Logistics

Fax:

Phone: 530-538-4309

E-Mail: [eoclogs@buttecounty.net](mailto:eoclogs@buttecounty.net)

Alt Phone: 530-521-7442

Alternate Point of Contact: Logistics Section Chief

Position / Title: Logistics

Fax:

Phone: 530-538-4309

E-Mail: [eoclogs@buttecounty.net](mailto:eoclogs@buttecounty.net)

Alt Phone:

### Resource Requested

Position: CLOSED - Animal Control - Officers and Shelter Technicians

Quantity: 40

Start Date/Time: 11/17/2018 06:00:00

End Date/Time: 12/02/2018 21:00:00

Shift: Day

Security Clearance: No

Tasks to be performed: Shelter Operations: Manage kennel duty, dog walkers, cleaning of kennels, feeding, intake and release of animals.  
Commitment preferred no less than 3 days, 5 days Ideal.

Any special skills /  
certifications / licenses /  
credentials required? No

EMMA resource needs to bring the following equipment (Laptop, vehicle, personal protective equipment, etc.):

Cell phone and charger. EMMA ordered via post-event MOU/MOA.

### Check-in Location Information

Check-in Location Address: 205 Mira Loma Drive, Suite 30, Oroville, CA

Latitude / Longitude: 39.521275 / -121.551719

24 Hour Phone Number: 530-538-4309

Point of Contact Name: Tamara Ingersoll

Point of Contact Title: Logistics

Cell Phone: 1

Alt Phone: 530-538-4309

E-Mail: [eoclogs@buttecounty.net](mailto:eoclogs@buttecounty.net)

### Expected Working Conditions

Special health or  
environmental concerns in  
the assignment area? Smokey, unhealthy air quality.

Hardship living conditions  
(Lack of power or potable  
water, etc.)?

Special housing /  
transportation instructions: LODGING IS PROVIDED. Be self contained. Bring sleeping bag, and other necessities.

Providing Jurisdiction Information		Edit Response
Providing Jurisdiction Name: Sacramento 24 Hour Phone Number: EMMA Coordinator / PRIMARY Point of Contact Name: Matthew Hawkins Position / Title: Sacramento - OP AREA - LOG Personnel Phone: 916-293-2769 E-Mail: hawkinsm@sacoees.org Alt Phone: Alternate Point of Contact (Optional): Position / Title: Phone: E-Mail: Alt Phone:		
<b>EMMA Resource Candidate</b>		
<input checked="" type="checkbox"/> This Candidate has been Accepted.		
Name:	Calyn Jones	Cell: ' Alt Phone:
E-Mail:	cjones@cityofsacramento.org	Available for the period specified in the corresponding EMMA Form 1A? Yes
Able to perform requested tasks?	Yes	Security Clearance (If applicable)?
Equipment needed for deployment is available?	Yes	Has been made aware of the expected working conditions? Yes
Experience / EOC Position		
Credentials:		
Special Skills /		
Certifications / Licenses:		
Originating Location (City and County):	Sacramento, CA	
Estimated travel time to check-in location:	2 hours	
Special accommodations required:		
Emergency Contact Name:		
Relationship:		
Additional Comments	Available: 11/21 - 11/29 - 11/30	Cell Phone: Alt Phone:

# EMMA

Incident: Master View - 2018 November Statewide Wildfires

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## EMMA Form 1A - EMMA RESOURCE REQUEST

### TO BE COMPLETED BY REQUESTING JURISDICTION

Submit completed and signed form to next SEMS level EMMA Coordinator. A corresponding RIMS Mission Request must also be submitted in order for this request to be processed. If RIMS access is not available, the appropriate EMMA Coordinator may create the RIMS Mission Request on the requestor's behalf.

Request #: 3551

Incident Name: 2018 November Wildfires

Request Date / Time: 11/14/2018 19:16:00

Approved Mission / Tracking  
#:

### Requesting Jurisdiction Information

Requesting Jurisdiction Name:	Butte County		
24 Hours Phone Number:	530-538-4309		
EMMA Coordinator / Primary Point of Contact:	Logistics Section Chief		
Position / Title:	Logistics	Phone: 530-538-4309	Alt Phone: 530-521-7442
Fax:		E-Mail: eoclogs@buttecounty.net	
Alternate Point of Contact:	Logistics Section Chief		
Position / Title:	Logistics	Phone: 530-538-4309	Alt Phone:
Fax:		E-Mail: eoclogs@buttecounty.net	

### Resource Requested

Position:	CLOSED - Animal Control - Officers and Shelter Technicians
Quantity:	40
Start Date/Time:	11/17/2018 06:00:00
End Date/Time:	12/02/2018 21:00:00
Shift:	Day
Security Clearance:	No
Tasks to be performed:	Shelter Operations: Manage kennel duty, dog walkers, cleaning of kennels, feeding, intake and release of animals. Commitment preferred no less than 3 days, 5 days ideal.
Any special skills / certifications / licenses / credentials required?	No
EMMA resource needs to bring the following equipment (Laptop, vehicle, personal protective equipment, etc.):	
Cell phone and charger. EMMA ordered via post-event MOU/MOA.	

### Check-in Location Information

Check-in Location Address:	205 Mira Loma Drive, Suite 30, Oroville, CA
Latitude / Longitude:	39.521275 / -121.551719
24 Hour Phone Number:	530-538-4309
Point of Contact Name:	Tamara Ingersoll
Point of Contact Title:	Logistics
Cell Phone:	530-521-7442
Alt Phone:	
E-Mail:	eoclogs@buttecounty.net

### Expected Working Conditions

Special health or environmental concerns in the assignment area?	Smokey, unhealthy air quality.
Hardship living conditions (Lack of power or potable water, etc.)?	
Special housing / transportation instructions:	LODGING IS PROVIDED. Be self contained. Bring sleeping bag, and other necessities.



Providing Jurisdiction Information		Edit Response
Providing Jurisdiction Name:	Sacramento	
24 Hour Phone Number:		
EMMA Coordinator / PRIMARY Point of Contact Name:	Matthew Hawkins	
Position / Title:	Sacramento - OP AREA - LOG Personnel	Alt Phone:
Fax:		
Alternate Point of Contact (Optional):		Phone: 916-293-2769
Position / Title:		E-Mail: hawkinsm@sacoes.org
Fax:		Alt Phone:
<b>EMMA Resource Candidate</b>		
<input checked="" type="checkbox"/> This Candidate has been Accepted.		
Name:	Clinton Ramirez	Alt Phone:
E-Mail:	cramirez@cityofsacramento.org	Cell: Available for the period specified in the corresponding EMMA Form 1A?
Able to perform requested tasks?	Yes	Security Clearance (if applicable)?
Equipment needed for deployment is available?	Yes	Has been made aware of the expected working conditions?
Experience / EOC Position		
Credentials:		
Special Skills / Certifications / Licenses:		
Originating Location (City and County):	Sacramento, CA	
Estimated travel time to check-in location:	2 hours	
Special accommodations required:		
Emergency Contact Name:		
Relationship:		Cell Phone:
Additional Comments	Available: 11/23; 11/30	Alt Phone:

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Incident: Master View - 2018 November Statewide Wildfires

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## EMMA Form 1A - EMMA RESOURCE REQUEST

### TO BE COMPLETED BY REQUESTING JURISDICTION

Submit completed and signed form to next SEMS level EMMA Coordinator. A corresponding RIMS Mission Request must also be submitted in order for this request to be processed. If RIMS access is not available, the appropriate EMMA Coordinator may create the RIMS Mission Request on the requestor's behalf.

Request #: 3551

Incident Name: 2018 November Wildfires

Request Date / Time: 11/14/2018 19:16:00

Approved Mission / Tracking  
#:

### Requesting Jurisdiction Information

Requesting Jurisdiction Name: Butte County  
24 Hours Phone Number: 530-538-4309  
EMMA Coordinator / Primary Point of Contact: Logistics Section Chief  
Position / Title: Logistics Phone: 530-538-4309 Alt Phone: 530-521-7442  
Fax: E-Mail: eoclogs@buttecounty.net  
Alternate Point of Contact: Logistics Section Chief  
Position / Title: Logistics Phone: 530-538-4309 Alt Phone:  
Fax: E-Mail: eoclogs@buttecounty.net

### Resource Requested

Position: CLOSED - Animal Control - Officers and Shelter Technicians  
Quantity: 40  
Start Date/Time: 11/17/2018 06:00:00  
End Date/Time: 12/02/2018 21:00:00  
Shift: Day  
Security Clearance: No  
Tasks to be performed: Shelter Operations: Manage kennel duty, dog walkers, cleaning of kennels, feeding, intake and release of animals. Commitment preferred no less than 3 days, 5 days ideal.  
Any special skills / certifications / licenses / credentials required? No  
EMMA resource needs to bring the following equipment (Laptop, vehicle, personal protective equipment, etc.):  
Cell phone and charger. EMMA ordered via post-event MOU/MOA.

### Check-in Location Information

Check-in Location Address: 205 Mira Loma Drive, Suite 30, Oroville, CA  
Latitude / Longitude: 39.521275 / -121.551719  
24 Hour Phone Number: 530-538-4309  
Point of Contact Name: Tamara Ingersoll  
Point of Contact Title: Logistics  
Cell Phone: :  
Alt Phone: 530-538-4309  
E-Mail: eoclogs@buttecounty.net

### Expected Working Conditions

Special health or environmental concerns in the assignment area? Smokey, unhealthy air quality.  
Hardship living conditions (Lack of power or potable water, etc.)?  
Special housing / transportation instructions: LODGING IS PROVIDED. Be self contained. Bring sleeping bag, and other necessities.

Providing Jurisdiction Information		Edit Response
Providing Jurisdiction Name: Sacramento		
24 Hour Phone Number:		
EMMA Coordinator /		
PRIMARY Point of Contact Matthew Hawkins		
Name:		
Position / Title:	Sacramento - OP AREA - LOG Personnel	Alt Phone:
Fax:	Phone: 916-293-2769	
Alternate Point of Contact (Optional):	E-Mail: hawkinsm@sacoees.org	
Position / Title:	Phone:	Alt Phone:
Fax:	E-Mail:	
EMMA Resource Candidate		
<input checked="" type="checkbox"/> This Candidate has been Accepted.		
Name:	Ken Douglas	Alt Phone:
E-Mail:	kdouglas@cityofsacramento.org	Cell: 916-599-6103
Able to perform requested tasks?	Yes	Available for the period specified in the corresponding EMMA Form 1A? Yes
		Security Clearance (If applicable)?

Equipment needed for deployment is available?	Yes	Has been made aware of the expected working conditions?	Yes
Experience / EOC Position			
Credentials:			
Special Skills / Certifications / Licenses:			
Originating Location (City and County):	Sacramento, CA		
Estimated travel time to check-in location:	2 hours		
Special accommodations required:			
Emergency Contact Name:			
Relationship:		Cell Phone:	Alt Phone:
Additional Comments	Available: 11/20 - 11/26; 21/1 - 12/3		

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## EMMA Form 1A - EMMA RESOURCE REQUEST

### TO BE COMPLETED BY REQUESTING JURISDICTION

Submit completed and signed form to next SEMS level EMMA Coordinator. A corresponding RIMS Mission Request must also be submitted in order for this request to be processed. If RIMS access is not available, the appropriate EMMA Coordinator may create the RIMS Mission Request on the requestor's behalf.

Request #: 3551

Incident Name: 2018 November Wildfires

Request Date / Time: 11/14/2018 19:16:00

Approved Mission / Tracking  
#:

### Requesting Jurisdiction Information

Requesting Jurisdiction Name:	Butte County		
24 Hours Phone Number:	530-538-4309		
EMMA Coordinator / Primary Point of Contact:	Logistics Section Chief		
Position / Title:	Logistics	Phone: 530-538-4309	Alt Phone:
Fax:		E-Mail: eoclogs@buttecounty.net	
Alternate Point of Contact:	Logistics Section Chief		
Position / Title:	Logistics	Phone: 530-538-4309	Alt Phone:
Fax:		E-Mail: eoclogs@buttecounty.net	

### Resource Requested

Position: CLOSED - Animal Control - Officers and Shelter Technicians  
Quantity: 40  
Start Date/Time: 11/17/2018 06:00:00  
End Date/Time: 12/02/2018 21:00:00  
Shift: Day  
Security Clearance: No  
Tasks to be performed: Shelter Operations: Manage kennel duty, dog walkers, cleaning of kennels, feeding, intake and release of animals. Commitment preferred no less than 3 days, 5 days ideal.  
Any special skills / certifications / licenses / credentials required? No  
EMMA resource needs to bring the following equipment (Laptop, vehicle, personal protective equipment, etc.):  
Cell phone and charger. EMMA ordered via post-event MOU/MOA.

### Check-in Location Information

Check-in Location Address: 205 Mira Loma Drive, Suite 30, Oroville, CA  
Latitude / Longitude: 39.521275 / -121.551719  
24 Hour Phone Number: 530-538-4309  
Point of Contact Name: Tamara Ingersoll  
Point of Contact Title: Logistics  
Cell Phone:  
Alt Phone: 530-538-4309  
E-Mail: eoclogs@buttecounty.net

### Expected Working Conditions

Special health or environmental concerns in the assignment area? Smokey, unhealthy air quality.

Hardship living conditions (Lack of power or potable water, etc.)?

Special housing / transportation instructions: LODGING IS PROVIDED. Be self contained. Bring sleeping bag, and other necessities.

Providing Jurisdiction Information		Edit Response
Providing Jurisdiction Name: Sacramento		
24 Hour Phone Number:		
EMMA Coordinator /		
PRIMARY Point of Contact Matthew Hawkins		
Name:		
Position / Title:	Sacramento - OP AREA - LOG Personnel	Phone:
		Alt Phone:
Alternate Point of Contact (Optional):	Fax:	E-Mail: hawkinsm@sacoes.org
Position / Title:		Phone:
	Fax:	E-Mail:
EMMA Resource Candidate		

<input checked="" type="checkbox"/> This Candidate has been Accepted.			
Name:	Leese Johnson	Cell:	Alt Phone:
E-Mail:	ljohnson@cityofsacramento.org	Available for the period specified in the corresponding EMMA Form 1A?	Yes
Able to perform requested tasks?	Yes	Security Clearance (if applicable)?	
Equipment needed for deployment is available?	Yes	Has been made aware of the expected working conditions?	Yes
Experience / EOC Position			
Credentials:			
Special Skills /			
Certifications / Licenses:			
Originating Location (City and County):	Sacramento, CA		
Estimated travel time to check-in location:	2 hours		
Special accommodations required:			
Emergency Contact Name:			
Relationship:		Cell Phone:	Alt Phone:
Additional Comments	Available: 11/24 - 11/27		

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Incident: Master View - 2018 November Statewide Wildfires

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## EMMA Form 1A - EMMA RESOURCE REQUEST

### TO BE COMPLETED BY REQUESTING JURISDICTION

Submit completed and signed form to next SEMS level EMMA Coordinator. A corresponding RIMS Mission Request must also be submitted in order for this request to be processed. If RIMS access is not available, the appropriate EMMA Coordinator may create the RIMS Mission Request on the requestor's behalf.

Request #: 3551

Incident Name: 2018 November Wildfires

Request Date / Time: 11/14/2018 19:16:00

Approved Mission / Tracking  
#:

### Requesting Jurisdiction Information

Requesting Jurisdiction  
Name: Butte County

24 Hours Phone Number: 530-538-4309

EMMA Coordinator / Primary  
Point of Contact: Logistics Section Chief

Position / Title: Logistics

Fax:

Phone: 530-538-4309

E-Mail: [eoclogs@buttecounty.net](mailto:eoclogs@buttecounty.net)

Alt Phone:

Alternate Point of Contact: Logistics Section Chief

Position / Title: Logistics

Fax:

Phone: 530-538-4309

E-Mail: [eoclogs@buttecounty.net](mailto:eoclogs@buttecounty.net)

Alt Phone:

### Resource Requested

Position: CLOSED - Animal Control - Officers and Shelter Technicians

Quantity: 40

Start Date/Time: 11/17/2018 06:00:00

End Date/Time: 12/02/2018 21:00:00

Shift: Day

Security Clearance: No

Tasks to be performed: Shelter Operations: Manage kennel duty, dog walkers, cleaning of kennels, feeding, intake and release of animals.  
Commitment preferred no less than 3 days, 5 days ideal.

Any special skills /  
certifications / licenses /  
credentials required? No

EMMA resource needs to bring the following equipment (Laptop, vehicle, personal protective equipment, etc.):

Cell phone and charger, EMMA ordered via post-event MOU/MOA.

### Check-in Location Information

Check-in Location Address: 205 Mira Loma Drive, Suite 30, Oroville, CA

Latitude / Longitude: 39.521275 / -121.551719

24 Hour Phone Number: 530-538-4309

Point of Contact Name: Tamara Ingersoll

Point of Contact Title: Logistics

Cell Phone:

Alt Phone: 530-538-4309

E-Mail: [eoclogs@buttecounty.net](mailto:eoclogs@buttecounty.net)

### Expected Working Conditions

Special health or  
environmental concerns in  
the assignment area? Smokey, unhealthy air quality.

Hardship living conditions  
(Lack of power or potable  
water, etc.)?

Special housing /  
transportation instructions: LODGING IS PROVIDED. Be self contained. Bring sleeping bag, and other necessities.



Providing Jurisdiction Information		Edit Response
Providing Jurisdiction Name: Sacramento 24 Hour Phone Number: EMMA Coordinator / PRIMARY Point of Contact Name: Matthew Hawkins Position / Title: Sacramento - OP AREA - LOG Personnel Phone: 916-293-2769 Alt Phone: E-Mail: hawkinsm@sacoe.org Fax: Alternate Point of Contact (Optional): Position / Title: Phone: E-Mail: Fax: Alt Phone:		
<b>EMMA Resource Candidate</b>		
<input checked="" type="checkbox"/> This Candidate has been Accepted.		
Name:	Marek Sliwa	Cell:
E-Mail:	mliwa@cityofsacramento.org	Available for the period specified in the corresponding EMMA Form 1A?
Able to perform requested tasks?	Yes	Security Clearance (If applicable)?
Equipment needed for deployment is available?	Yes	Has been made aware of the expected working conditions?
Experience / EOC Position		
Credentials:		
Special Skills / Certifications / Licenses:		
Originating Location (City and County):	Sacramento, CA	
Estimated travel time to check-in location:	2 hours	
Special accommodations required:		
Emergency Contact Name:		Cell Phone:
Relationship:		
Additional Comments	Available: 11/27 - 11/28	

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## EMMA Form 1A - EMMA RESOURCE REQUEST

### TO BE COMPLETED BY REQUESTING JURISDICTION

Submit completed and signed form to next SEMS level EMMA Coordinator. A corresponding RIMS Mission Request must also be submitted in order for this request to be processed. If RIMS access is not available, the appropriate EMMA Coordinator may create the RIMS Mission Request on the requestor's behalf.

Request #: 3551

Incident Name: 2018 November Wildfires

Request Date / Time: 11/14/2018 19:16:00

Approved Mission / Tracking  
#:

### Requesting Jurisdiction Information

Requesting Jurisdiction  
Name: Butte County

24 Hours Phone Number: 530-538-4309

EMMA Coordinator / Primary  
Point of Contact: Logistics Section Chief

Position / Title: Logistics

Fax:

Phone: 530-538-4309

E-Mail: eoclogs@buttecounty.net

Alt Phone:

Alternate Point of Contact: Logistics Section Chief

Position / Title: Logistics

Fax:

Phone: 530-538-4309

E-Mail: eoclogs@buttecounty.net

Alt Phone:

### Resource Requested

Position: CLOSED - Animal Control - Officers and Shelter Technicians

Quantity: 40

Start Date/Time: 11/17/2018 06:00:00

End Date/Time: 12/02/2018 21:00:00

Shift: Day

Security Clearance: No

Tasks to be performed: Shelter Operations: Manage kennel duty, dog walkers, cleaning of kennels, feeding, intake and release of animals.  
Commitment preferred no less than 3 days, 5 days ideal.

Any special skills /  
certifications / licenses /  
credentials required? No

EMMA resource needs to bring the following equipment (Laptop, vehicle, personal protective equipment, etc.):

Cell phone and charger, EMMA ordered via post-event MOU/MOA.

### Check-in Location Information

Check-in Location Address: 205 Mira Loma Drive, Suite 30, Oroville, CA

Latitude / Longitude: 39.521275 / -121.551719

24 Hour Phone Number: 530-538-4309

Point of Contact Name: Tamara Ingersoll

Point of Contact Title: Logistics

Cell Phone: :

Alt Phone: 530-538-4309

E-Mail: eoclogs@buttecounty.net

### Expected Working Conditions

Special health or  
environmental concerns in  
the assignment area? Smokey, unhealthy air quality.

Hardship living conditions  
(Lack of power or potable  
water, etc.)?

Special housing /  
transportation instructions: LODGING IS PROVIDED. Be self contained. Bring sleeping bag, and other necessities.

Providing Jurisdiction Information		Edit Response
Providing Jurisdiction Name: Sacramento 24 Hour Phone Number: EMMA Coordinator / PRIMARY Point of Contact Name: Matthew Hawkins Position / Title: Sacramento - OP AREA - LOG Personnel Phone: 916-293-2769 Alt Phone: E-Mail: hawkinsm@sacoees.org Fax: Alternate Point of Contact (Optional): Position / Title: Phone: E-Mail: Fax:		
<b>EMMA Resource Candidate</b>		
<input checked="" type="checkbox"/> This Candidate has been Accepted.		
Name:	Naomi McCall	Alt Phone:
E-Mail:	Nmccall@cityofsacramento.org	Cell:
Able to perform requested tasks?	Yes	Available for the period specified in the corresponding EMMA Form 1A? Yes
Equipment needed for deployment is available?	Yes	Security Clearance (if applicable)?
Experience / EOC Position Credentials:		Has been made aware of the expected working conditions? Yes
Special Skills / Certifications / Licenses:		7
Originating Location (City and County):	Sacramento, CA	
Estimated travel time to check-in location:	2 hours	
Special accommodations required:		
Emergency Contact Name:		
Relationship:		
Additional Comments	Available: 11/29 - 12/02	Cell Phone:
		Alt Phone:

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## EMMA Form 1A - EMMA RESOURCE REQUEST

### TO BE COMPLETED BY REQUESTING JURISDICTION

Submit completed and signed form to next SEMS level EMMA Coordinator. A corresponding RIMS Mission Request must also be submitted in order for this request to be processed. If RIMS access is not available, the appropriate EMMA Coordinator may create the RIMS Mission Request on the requestor's behalf.

Request #: 3551  
Incident Name: 2018 November Wildfires  
Request Date / Time: 11/14/2018 18:16:00  
Approved Mission / Tracking #:

### Requesting Jurisdiction Information

Requesting Jurisdiction Name: Butte County  
24 Hours Phone Number: 530-538-4309  
EMMA Coordinator / Primary Point of Contact: Logistics Section Chief  
Position / Title: Logistics Phone: 530-538-4309 Alt Phone:  
Fax: E-Mail: eoclogs@buttecounty.net  
Alternate Point of Contact: Logistics Section Chief  
Position / Title: Logistics Phone: 530-538-4309 Alt Phone:  
Fax: E-Mail: eoclogs@buttecounty.net

### Resource Requested

Position: CLOSED - Animal Control - Officers and Shelter Technicians  
Quantity: 40  
Start Date/Time: 11/17/2018 06:00:00  
End Date/Time: 12/02/2018 21:00:00  
Shift: Day  
Security Clearance: No  
Tasks to be performed: Shelter Operations: Manage kennel duty, dog walkers, cleaning of kennels, feeding, intake and release of animals. Commitment preferred no less than 3 days, 5 days ideal.  
Any special skills / certifications / licenses / credentials required? No  
EMMA resource needs to bring the following equipment (Laptop, vehicle, personal protective equipment, etc.):  
Cell phone and charger. EMMA ordered via post-event MOU/MOA.

### Check-in Location Information

Check-in Location Address: 205 Mira Loma Drive, Suite 30, Oroville, CA  
Latitude / Longitude: 39.521275 / -121.551719  
24 Hour Phone Number: 530-538-4309  
Point of Contact Name: Tamara Ingersoll  
Point of Contact Title: Logistics  
Cell Phone:  
Alt Phone: 530-538-4309  
E-Mail: eoclogs@buttecounty.net

### Expected Working Conditions

Special health or environmental concerns in the assignment area? Smokey, unhealthy air quality.  
Hardship living conditions (Lack of power or potable water, etc.)?  
Special housing / transportation instructions: LODGING IS PROVIDED. Be self contained. Bring sleeping bag, and other necessities.

Providing Jurisdiction Information		Edit Response
Providing Jurisdiction Name:	Sacramento	
24 Hour Phone Number:		
EMMA Coordinator /		
PRIMARY Point of Contact	Matthew Hawkins	
Name:		
Position / Title:	Sacramento - OP AREA - LOG Personnel	Alt Phone:
	Phone: 916-293-2769	
	E-Mail: hawkinsm@sacoees.org	
Alternate Point of Contact (Optional):		
Position / Title:		Alt Phone:
	Phone:	
	E-Mail:	
<b>EMMA Resource Candidate</b>		
<input checked="" type="checkbox"/> This Candidate has been Accepted.		
Name:	Allison Nielson	Alt Phone:
E-Mail:	anielson@cityofsacramento.org	Cell:
Able to perform requested tasks?	Yes	Available for the period specified in the corresponding EMMA Form 1A? Yes
Equipment needed for deployment is available?	Yes	Security Clearance (if applicable)?
Experience / EOC Position		Has been made aware of the expected working conditions? Yes
Credentials:		
Special Skills /		
Certifications / Licenses:		
Originating Location (City and County):	Sacramento, CA	

Estimated travel time to check-in location:	2 hours
Special accommodations required:	
Emergency Contact Name:	
Relationship:	
Additional Comments	Available: 11/21, 11/29 - 11/30
	Cell Phone:
	Alt Phone: